1

MR

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 584,391

VETERAN Francis M. Robinson

RANK Pvt.

SERVICE Co. L - 56th Vol. Inf.

CAN No. 12689

BUNDLE NO. 38

56

3—1081.

PENSIONER DROPPED.

United States Pension Agency,

Topeka, Kansas.

APR 9 - 1909, ~~100~~

Certificate No. 584,391.

Class INVALID

Pensioner Francis M. Williams

Soldier

Service K 56 Ill. Inf.

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at $ 17, to AUG 4 1908, has been dropped because of DEATH, Oct. — 1908,

P. M.,

Pupico, Mo.,

Very respectfully,

Wilder Sellers

United States Pension Agent.

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

Finance Division,
APR 13 1909
BUREAU OF PENSIONS

U. S.
APR 12 1909
OFFICE.

(E)

(5—060.)

Western Div.
Elet Ex'r.

No. 600765

Francis M. Williams
"K" 56th Ill Vol Inft

Adjutant General's Office.
RECEIVED
APR 22 1887
ENLISTED
Volunteer Pension Branch.

Department of the Interior,

PENSION OFFICE,

April 21, 1887.

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability and hospital treatment of Francis M. Williams, who, it is claimed, enlisted Dec —, 1862, and served as Private in Co. "K", 56th Reg't Ill Vol Inft; also in Co.

and was discharged at Evansville Ind, Oct —, 1863

While serving in Co. "K", 56 Reg't Ill Vol Inft he was disabled by fever and Chronic diarrhoea That he contracted alleged diseases - while on duty Also at Pine Ridge. Miss on or about the 15th of May 1863.

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

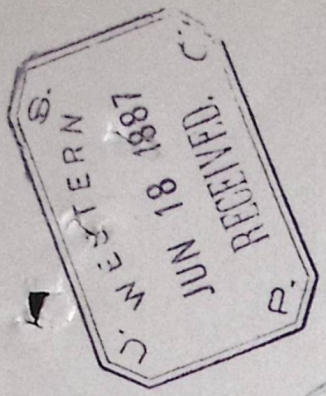
Was treated in regimental hospital and in Hospitals Nos 4 & 5 Evansville Ind.

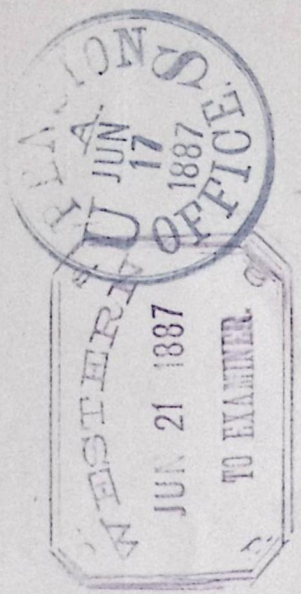
Very respectfully,

John C. Black,
Commissioner

The Adjutant General, U. S. Army.

233
15





Audited
5/31/87

A/n 20

Weslern Division.

FIRST CALL

On Adjutant General, U. S. A.

Claim No. 600765

Francis M. Williams

"K" 56' Ill Vol Infy

600,766

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, June 17, 1887.

Respectfully returned to the Commissioner of Pensions.

Francis M Williams, a private of Company K, 56th Regiment Illinois Volunteers, was enrolled on the 7th day of Nov. 1861, at Coleoma, for 3 years, and is reported: on rolls to Apr. 30. 62 present. May and June 62 absent sick at Camp Clear Creek Miss. July and Aug. 62 absent at Evansville, Ind. Certificate of Disability for Discharge shows him discharged Sept. 19. 1862 at Evansville Ind. Return for May 62 does not report him absent. Hospl Records show him admitted July 19. 62 Febris Typhoides, sent to U.S. July 20. 62. Regts. and Co. Descriptive Books show him discharged Sept. 19. 62. Records of this office furnish no further evidence of disability.

R. C. DRUM,
Adjutant General.

By

o 3-019.

(2.)

P.O. 43

233/15

ARMY OF THE UNITED STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

Francis M Williams Mo of Captain Lloyds Company, (K) of the 56 Illinois Regiment of United States Vol. Inf. was enlisted by Capt Lloyd of the 56 Regiment of Ill Vol at Shawneetown Ill. on the day of 186/, to serve 3 years; he was born in Pope Co in the State of Illinois is 19 years of age, 5 feet 4 inches high, light complexion, Blue eyes, light hair, and by occupation when enlisted a Farmer During the last two months said soldier has been unfit for duty all days. *(Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.)*

STATION:

DATE:

J J Thomas Lieut
Military Commander ~~Commanding Company.~~

I CERTIFY, that I have carefully examined the said Francis M. Williams of Captain Lloyds Company, and find him incapable of performing the duties of a soldier because of *(Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)* having been off duty the whole of the last four Months, born de Kness has had pain through front part of chest with cough and frequent expectoration of blood for last 6 months has had diarrhoea for same period last named Pulse counts 100 Chronic Pneumonia Diarrhoea Hyp no 4 aug 11th 1862

N M Wills
Surgeon. Nov

DISCHARGED, this 19th day of Sept 1862, at Evansville Ind

J J Thomas Lieut
Military Commander ~~Commanding the Post.~~

NOTE 1.—When a *probable* case for *pension*, *special care* must be taken to state the *degree* of disability.
NOTE 2.—The *place* where the *soldier* desires to be *addressed* may be here added.

Town— *County*— *State*—

4

[GOV. PRINT. OFF., *Mar.* 28, 1862.]

(DUPLICATES.)

CERTIFICATE OF DISABILITY FOR DISCHARGE

In the case of

Francis M Williams

a Private Co. K

D C 11th Reg't of Ill. Vol. Inf.

approved

A N Wills
med dir

Head Quarters Evansville
Ind Sept 19th 1862

To be discharged

By order of Thomas Scott
Military Commander
of Evansville Ind

Dep Gen Purs. offic

A Goff
Aug 8/62

Geo. Allen Jr.
Surgeon

Received (A. G. Office) ..... 186 .

45-2

DECLARATION FOR ORIGINAL INVALID PENSION.

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Mississippi
Stoddard County, } SS.

On this 4th day of April, A. D. one thousand eight hundred and eighty-nine personally appeared before me, a clerk of the county court, a court of record within and for the County and State aforesaid, F. Francis M. Williams aged 44 years, a resident of the Township of Deer Creek, county of Stoddard and ....., State of Mississippi, who, being duly sworn according to law, declares that he is the identical Francis M. Williams who was ENROLLED on the ..... day of December, 1862 in Company K of the 56 Regiment of Illinois Infy commanded by Captain Floyd and was honorably DISCHARGED at Evansville Ind on the ..... day of October, 1863; that his personal description is as follows: Age, 44 years; height 5 feet 10 inches; complexion, Fair; hair, Dandy; eyes, Hazel. That while a member of the organization aforesaid, in the service and in the line of his duty at Helena Ark, in the State of Mississippi on or about the ..... day of Summer, 1863, he contracted malarial fever

Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.

and chronic Diarrhoea and he claims for the above with results, he has disease of the Lungs and heart and Stomach and Rectum & the above was caused by unavoidable exposure at Helena Ark State of Mississippi and he has Rheumatism and pains in the small of his back

That he was treated in hospitals as follows: At General Hospital at Evansville Ind in NO 4 & 5 in Summer and fall of 1863 - and Regimental at Helena Ark in 1863

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has never been employed in the military or naval service otherwise than as stated above and that he has never been employed in the Military or Naval Service since 1863

Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the County of Stoddard in the State of Mississippi, and his occupation has been that of a farmer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a farmer. That he is now 2/3 disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation P. L. Coombs of Cape Girardeau State of Missouri his true and lawful attorney to prosecute his claim. That he has never received but applied for a Pension. That his POST OFFICE ADDRESS is Puxico county of Stoddard State of, Mississippi

Claimant's signature, F. M. Williams

ATTEST. _____

_____

2

Also personally appeared Rudolph Weber, residing at Bloomfield Mo
and J R Barham, residing at Bloomfield Mo, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
F M Williams, the claimant, sign his name (or make his mark) to the
foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their
acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest
in the prosecution of this claim.

Rudolph Weber

J R Barham

(*Signatures of Witnesses.*)

Sworn to and subscribed before me this 4th day of April,
A. D. 187 , and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words.....
....erased, and
the words .....
added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[SEAL.]

M S Phelan

(Signature.)

County clerk

(Official character.)

A.

INVALID.

A.

CLAIM FOR PENSION

ORIGINAL.

Frances M Williams, *Applicant,*
Private Co., 1st Regt,
2d Ark Vols.
Enlisted as Recruit, 1862.
Discharged Co Corpl, 1862.

FILED BY
P. O. Address
Care Claim Agent
Ohio

WESTERN
APR 23 1889

APR 10 1889

6097765

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

☞ Please give or send this blank to some one who may need it. ☜

Purvis

Stoddard Co Mo

May 9th 1887

Honorable John C Black Com
of Pension dear Sir in answer
to My Regimental Doctor
I am creditabley informed by
My old Comrads that Dr Poindexter
was dead he was My only personal
Regmental doctor and there fore
I cant obtain his affidavid

yours obedient

Francis M Williams

MAY 2 1887
MAY 20 1887
MAY 16 1887
PENSIONS
OFFICE

GENERAL AFFIDAVIT.

State of Missouri, County of Stoddard, ss:

In the matter of Orig. Inv. Pen. No. 600,765, of Francis M. Williams, Co. K" 36th Regt. Ill. Inft. Vols.

ON THIS 23 day of May, A. D. 1891, personally appeared before me A Notary Public in and for the aforesaid County duly authorized to administer oaths Francis M. Williams aged 47 years, a resident of near Puxico in the County of Stoddard and State of Missouri well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

I am claimant in the above claim.

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

And I respectfully request that my claim be made Special and allowed at once as I am poor, and unable Dearn a support for myself and family. And I am dependent upon my own labor for my support, and as I am unable for Manual labor, I am unable D earn my support.

And I respectfully request that my claim be made Special, and acted upon at once.

His Post-Office address is Puxico, Stoddard Co. Mo.

~~further declare that no interest in said case and not concerned in its prosecution.~~

Francis M. Williams

(If Affiants sign by mark, two witnesses who write sign here.)

(Signature of Affiants.)

STATE OF Missouri, COUNTY OF Stoddard, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words ..... erased, and the words ..... added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant ..... personally known to me and that of a credible person .

John W. Smith
(Official Signature.)

[L. S.]

Notary Public. Term Exp. Oct 12 1893
(Official Character.)

I, ... Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who has signed his name to the foregoing declaration and affidavit, was at the time of so doing ..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ..... day of ....., 18 .

PENSION OFFICE U S JUN 5 1891

.....

[L. S.] Clerk of the .....

☞ To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

Request for special attention

Mar. 6 90. 266

ADDITIONAL EVIDENCE.

CLAIM OF

Frances M. Williams.

Ex. "A" 576 Regt. Ill. Light Art.

Mo.

AFFIDAVIT OF

Claimant.

FILED BY.

P. C. Cooper
Pope Guardian
Mo.

Printed and for sale by J. F. SHERRY, Claim Blank Printer
623 D Street, N. W., Washington, D. C.

State of Illinois } In the matter of Francis M.
Pope county } ss Williams, late a private of
Co "K" 56th Regt Ill Inft Vol war of 1861-5
Personally appeared before me this
day, a Notary Public in and for said
County and State John L. Hase late
Sergt and Lieut "K" 56th Ill Inft Vol
who I hereby certify to be respectable and
entitled to credit and being duly sworn
upon his oath declares as follows:
That at the date of enlistment the said
Francis M Williams was a sound and
healthy man to all appearances, until
on or about the month of June A.D 1862
while at or near Bear creek in the
State of Mississippi the said Francis
M Williams was taken sick and
sent to the Reg. Hospital and the affiant
further says that to the best of his recollection
said soldier was taken sick with some
kind of fever and Diarrhoea and that
the affiant further says that after his return
home from the service he found the
claimant complaining with Rheumatism,
of pale sallow complexion and in bad
health generally and continued so
during the affiants acquaintance which
was up to the year 1872, and that his
means of knowing these facts are by
being a comrade in the service and a
neighbor during the time since date

Orig
called 1872?

of discharge as above state, and that he has no interest in said claim and is not interested in the prosecution either direct or indirect, and that his P.O. address is Golconda Pope County Illinois.

John L. Hase

Sworn to and subscribed before me this 13th day of October A.D. 1887, and I certify that I read said affidavit to said affiant before he executed the same and that I have no interest in the prosecution direct or indirect

J. B. Floyd
Notary Public.

Francis Mn. Williams
Private Co "K" 56th Ill Infty.
Invalid Pension
No. 766.765.

Affidavit of
John L. Hase.
Private Co "K" 56th Ill Infty

Filed
Oct 24 1887

D. Bingham Atty
Washington D. C.

Printed by PHIL. A. CRAIG, Golconda, Ill.

GENERAL AFFIDAVIT.

No of Claim 600765

STATE OF Illinois }
County of Pope } ss.

In the matter of Francis M Williams Private Co K 56 Illinois Vol.

Personally came before me, William Moser Notary Public, in and for aforesaid County and State, Henry L Gossage, aged 47 years, whose Post Office address is Eddyville, citizen of the County of Pope, and State of Illinois, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to said case, as follows, to-wit: I am personally acquainted with Francis M. Williams previous to his Enlistment and new him to be an able bodied young man I further know that during his Stay in Co K 56 Illinois he was Stricken with Chronic Diarrhea and on the 16th day of August he was sent to general Hospital No 5 Memphis Tenn and was Returned Home on Sick Furlough from which he never Reported in 1865 and to the day at which time he was discharged from the service of the United States up to that time I do not think he was able to do more than Light Labor I saw him a few days ago he had a Sallow complection was Thin in flesh I do not think he is able now to work any I make this Statement from my personal knowledge Since the war and from personal knowledge Since the war

and I further declares that He has no interest in said case, and is not concerned in its prosecution.

Witnesses, when affiant signs by mark.

witness to Signature
James K Carlton

Signature of Affiants. Henry L. Gossage

Subscribed and sworn to before me this day by the above affiant, and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am in no-wise interested in said case, nor am I concerned in its prosecution.

Witness my hand and official seal, this 24 day of May A.D. 1887

L. S.

WM. MOSER NOTARY PUBLIC HERTSVILLE, POPE CO. ILL.

Signature William Moser

Official Title Notary Public

Orig.

Andrews
5/3/87.

AFFIDAVIT

OF

Henry Gossage.

P.O. Eddyville Ill

In the Claim of

Francis Williams

No. 604,765 . Co. K 36th Ill Inf.

Reg. Inv Regiment

War of 1861

JUN 11 1887
TO EXAMINER.

U. S. WESTERN
JUN 9 1887
P. RECEIVED. O.

JUN 8 1887

FILED BY

L. Bingham

Washington, D. C.

W. M. MOFFETT
NOTARY PUBLIC
WASHINGTON, D.C.

JUN 11 1887
TO EXAMINER

GENERAL AFFIDAVIT.

State of Missouri, County of Stoddard, ss:

In the matter of Orig. Inv. Pension No. 600.765 of Francis M. Williams Co. K "56th Regt. Ill. Inft. Vols.

ON THIS 28 day of May, A. D. 1891, personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths Aaron J Grammer aged 50 years, a resident of near Puxico, in the County of Stoddard, and State of Missouri, whose Post Office address is Puxico

Carroll Harty, aged 48 years, a resident of near Puxico, in the County of Stoddard and State of Missouri, whose Post Office address is Puxico

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case, as follows: They have been well and personally acquainted with Claimant Francis M. Williams for about 10 yrs. and 14 yrs. respectively.

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

We are near neighbors of his. And see and converse with him often

And we respectfully request that his Claim be small Pension" and allowed at once as he is very poor and in great need And he is unable to earn a support for himself & family by manual labor.

Claimant is a credible & respectable person and deserving of a Pension.

And we respectfully request that his Claim be acted upon at once

We know these facts from personal observations & associations.

We further declare that we have no interest in said case and are not concerned in its prosecution.

Aaron J Grammer

Carroll Harty

(If Affiants sign by mark, two witnesses who can write sign here.)

(Signature of Affiants.)

STATE OF Missouri, COUNTY OF Stoddard, ss:

Sworn to and subscribed before me this day by the above named affiant , and I certify that I read said affidavit to said affiant , including the words ..... erased, and the words ..... added, and acquainted with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution ; and that said affiant are personally known to me and that I credible person.

John W Smith
(Official Signature.)

Notary Public term Exp
(Official Character.) Oct 12 1893

[L. S.]

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, ... in and for said County and State, duly commissioned and sworn ; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ..... day of ....., 18.....

[L. S.]

.....

Clerk of the .....

☞To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

PENSION OFFICE U S JUN 5 1891 RECEIVED

Mar. 6 to 26 '95

ADDITIONAL EVIDENCE.

CLAIM OF

Frances M. Williams

C. "A" 35 Regt. Mo. Militia

Vols.

AFFIDAVIT OF

Canon J. Grammer

Counsel Mary

Princess Mar

FILED BY

P. C. Corbin

Atty. Guardian

Mar.

Printed and For Sale by J. F. Shelry, Claim Blank Printer, 423 D Street, N. W., Washington, D. C.

No. 22, 5-89.

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Missouri **, County of** Stoddard **, ss:**

In the matter of the application for pension of Francis M. Williams of Co. "K," 66 Regt. Ill. Inft. Vols.

ON THIS 31st day of October A. D. one thousand eight hundred and eighty nine personally appeared before me, a ..... in and for the aforesaid County, duly authorized to administer oaths. Joseph Brewer aged 43 years, a resident of near Puxico in the County of Stoddard and State of Missouri whose Post Office address is Puxico Stoddard Co. Mo. and Carroll Hearty aged 47 years, a resident of near Puxico in the County of Stoddard and State of Missouri whose Post Office address is Puxico Stoddard Co. Mo. well known to me to be respectable and entitled to credit, and who being duly sworn declare in relation to the aforesaid case as follows: That they have been well and personally acquainted with the above claim and for 11 years, and 10 years respectively, and that their occupation is that of a farmers and that they are a residents of near the town of Puxico, in the County of Stoddard and State of Missouri; and that they lives about one mile and sees and converses with him once a week on an average, At the time of affiants becoming acquainted with claimant he was suffering and complaining of Malarial Fever, Chronic Diarrhea, Disease of throat, heart, Stomach, Rectum and Rheumatism, with pains in the small of his back and limbs and joints, From the first time affiants became acquainted with claimant he look pale and weak, and when at work with claimant (when he was able to work) affiants noticed that he had smothering spells, and he also had spells of coughing, and affiants have heard him complain of Stomach disease, he would spit up his food, And claimant has continuously complained of Disease Rectum, he would sit sideways on his hind when riding, and claimant has complained of Rheumatism with pains in his back and small of his back and pains in his limbs and joints, Affiants further states that claimant has been continuously affected as above stated during all of said acquaintance to the present time, Affiants believe that claimant is by reason of the above disabilities at least two thirds disabled for the

Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severly; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because, of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether 1/4, 1/3, 1/2, 2/3, 3/4, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work.

They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

19

performance of manual. Affiant to know the facts above stated from personal observations, associations, and by visiting him and conversing with claimant, and by working with him when able to do any work.

They further declare that they have no interest in said case and desire not concerned in its prosecution.

Joseph Brewer
Carroll Harty
(Signature of Affiants.)

(If affiants sign by mark, two witnesses who write, sign here.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Missouri, COUNTY OF Stoddard, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words erased, and the words added and acquainted with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant personally known to me and that they are credible person.s

my term of office expires 6 June 1891

[L. S.]

Wm H Kitchen
(Official Signature.)

Notary Public
(Official Character.)

I, Clerk of the County Court in and for aforesaid County and State, do certify that , Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of , 18 .

[L. S.]

Clerk of the

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.

CLAIM OF

Francis M. Williams
Co M 58th Regt
Cavalry Volunteers

AFFIDAVIT OF

Joseph Brewer &
Carroll Harty
and Nurses
in Evidence for

FILED BY

McGee & Sloan

Printed and for sale by J. F. Shelry, Claim Blank Printer, 623 D Street, Washington, D. C.

2 Feb '91

No. 22, 5-89.

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Illinois **, County of** Pope **, ss:**

In the matter of the application for pension of Francis M. Williams
Co. "K" 56th Ill. Inft. No. Cer 765

ON THIS 4th day of February A. D. one thousand eight hundred and Ninety

personally appeared before me, a Justice of the Peace in and for the aforesaid County,

duly authorized to administer oaths. Elijah McAnnally aged 41

years, a resident of Oak in the County of Pope and State of

Illinois whose Post Office address is Oak Pope co Ills

and ..... aged ..... years, a resident of .....

in the County of ..... and State of .....

whose Post Office address is .....

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid case as follows: That he have been well and personally acquainted with Francis M Williams

for 19 years, and ..... years respectively, and that I Elijah McAnnally am

41 years of age occupation Carpenter

I first Sat acquainted with Claimant in the year 1862

and was personly acquainted with Him for About

19 years I Have lived in the Same Neighborhood

with F. M. Williams About 19 years was Nearn

Neighbor I lived About 2½ Miles

Saw him About Once a week and Conversed

with Him was intimit Friends

ther was about 3 years after I first got

Acquainted with Him He was

Compeled to go on Crutches when He

was able to be up At all he Complained of His Back Hips legs and

Brest

He Attacks Commenced About 62 and

Caled Let about 65

The Remainder of the Nineteen years He

Performed Manual labor About

1/3 of the time

Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severly; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because, of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether ¼, ⅓, ½, ⅔, ¾, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work.

They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

16

further declare that I have no interest in said case and I am not concerned in its prosecution.

Elijah Mannally

(If affiants sign by mark, two witnesses who write, sign here.) (Signature of Affiants.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Illinois, COUNTY OF Pope, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words erased, and the words added and acquainted him with its contents before I executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

Jasper N. Hart
(Official Signature.)
Justice of the Peace
(Official Character.)

[L. S.]

I, Perry V. Provine Clerk of the County Court in and for aforesaid County and State, do certify that Jasper N. Hart, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of the Peace in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this 12th day of February, 1890.

Perry V. Provine

[L. S.] Clerk of the County Court

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

2187

ADDITIONAL EVIDENCE.

CLAIM OF
Francis M. Williams
Co. "K" 56th Regt.
Ill. Vol. Inf.

AFFIDAVIT OF
Elijah M'Annally
Pope Co. Ill.

RECEIVED
MAR 7 1890
PENSION OFFICE

FILED BY
P. C. Porter
Cave Springs Ga.
Mrs.

Printed and for sale by J. F. Sheiry, Claim Blank Printer, 623 D Street, Washington, D. C.

NEIGHBORS AFFIDAVIT.

S. MAY 18 1887 RECEIVED. P.

Please read these instructions before filling up your affidavit.

—o—

NEIGHBORS:—Please state when (the year at least) you first became acquainted with claimant; if before his enlistment, was he sound and free from his present disability. In what year you first saw him, after his discharge; what disability then affected him and what his physical condition was. To what extent, ⅛, ¼, ½, ¾, did his disability then prevent him doing manual labor, or interfere with his usual occupation; what was his occupation when you first knew him; and what it is now. In what respect has his disability increased with his age since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity, ⅛, ¼, ½, ¾, has he now for following his usual occupation. If his disease has been aggravated by intemperate or other bad habits, so state.

—o—

State your source of information concerning Claimant.

—o—

State of Missouri County of Stoddard ss:

In the matter of the claim of Francis M Williams late a

Private in Company K of the 56 Regiment of Ills Infy Vols.

Carrol Harty aged 44 years, a resident of Piedmont

aged years, a resident of

whose Post Office address is Piedmont

who being duly sworn, declare in relation to aforesaid case as follows:

I became acquainted with Claimant in 1878 that was when I first became acquainted after discharge from the U.S. service he was then affected with Diarhea and fever he then seemed to be in very bad health he was disabled from manual labor at least ¼) his occupation was that of a farmer and he is still a farmer his disability has increased until now he is at least disabled ½ Said Claimant has been disabled more or less ever since I have known him his disease has not been aggravated or prolonged by intemperance or other bad habits

know these facts from having lived a neighbor to Claimant since 1878 and have worked with him frequently

I have no interest whatever in his claim, and I am not related to claimant.

Carrol Harty

Two Witnesses when signed by mark:

NOTE.
This should be sworn to before a Clerk of Court Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character hereon and not on a separate slip of paper unless said Justice or Notary already has a certificate on file in the Pension Office showing official capacity. If such be the case, he must say so in his Jurat.

Sworn to and subscribed before me this 17th day of May 1887

at Piedmont in the County of Stoddard

State of Missouri I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

J M Evans J P

My term of office as Notary Public will expire on the 13th day of Mar 1890

17

STATE OF .....
COUNTY OF ..... } *ss.*

I HEREBY CERTIFY that ..... before whom the foregoing affidavit was made, was at the execution thereof, a .....

..... in and for the County of .....

and State of ..... duly authorized to administer oths, and that his signature thereto is genuine. His Commission was dated ..... 188 ,

and will expire ..... 188 .

.....
(Official Signature.)

TESTIMONY.

IN THE CLAIM OF

.....

.....

For .....

No. .....

AFFIDAVIT OF

.....

.....

.....

FILED BY

L. BINGHAM,

ATTORNEY AT LAW,

U. S. Claim & Patent Solicitor,

WASHINGTON, D. C.

NEIGHBORS AFFIDAVIT.

Please read these instructions before filling up your affidavit.

—o—

NEIGHBORS:—Please state when (the year at least) you first became acquainted with claimant; if before his enlistment, was he sound and free from his present disability. In what year you first saw him, after his discharge; what disability then affected him and what his physical condition was. To what extent, ¼, ⅓, ½, ⅔, ¾, did his disability then prevent him doing manual labor, or interfere with his usual occupation; what was his occupation when you first knew him; and what it is now. In what respect has his disability increased with his age since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity, ⅛, ¼, ½, ¾, has he now for following his usual occupation. If his disease has been aggravated by intemperate or other bad habits, so state.

—o—

State your source of information concerning Claimant.

—o—

State of Missouri County of Stoddard ss:

In the matter of the claim of Francis M. Williams late a

Private in Company K of the 56th Regiment of Ills Infty Vols.

Joseph Bauer aged 41 years, a resident of Pocahontas

aged years, a resident of

whose Post Office address is Pocahontas

who being duly sworn, declare in relation to aforesaid case as follows:

I first became acquainted with Francis M. Williams in the year of 1878 he was then suffering with Diarhea and fever he claimed at that time to be very bad health he was discharged from Mound City at least ½ of his time, his occupation is and has always been since I have known him that of a farmer.

his disability has been continuous has increased since I first became acquainted with him and he is disabled at least ½

his disease has not been aggravated or Paralyzed by intemperance or other bad habits

know these facts from having lived a neighbor to Claimant since 1878 and have worked with him frequently

I have no interest whatever in his claim, and I am not related to claimant.

Joseph Bauer

Two Witnesses when signed by mark:

NOTE. This should be sworn to before a Clerk of Court Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character hereon and not on a separate slip of paper unless said Justice or Notary already has a certificate on file in the Pension Office showing official capacity. If such be the case, he must say so in his Jurat.

Sworn to and subscribed before me this 5th day of May 1887.

at Pocahontas in the County of Stoddard

State of Missouri I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

J. W. Evans J. P.

My term of office as Notary Public will Expire May 18th 1890

18

STATE OF .....
COUNTY OF ..... } ss.

I HEREBY CERTIFY that ..... before whom the foregoing affidavit was made, was at the execution thereof, a ..... in and for the County of ..... and State of ..... duly authorized to administer oaths, and that his signature thereto is genuine. His Commission was dated ..... 188 , and will expire ..... 188 .

(Official Signature.)

U. S. PENSION AGENCY
MAY 18 1887
RECEIVED

Auditor's
5/26/87

TESTIMONY.

IN THE CLAIM OF

Francis M. Williams

Co. K" 56th Ill. Inf.

For Inv. Pensions.

No. 600,765.

AFFIDAVIT OF

Joseph Brewer.

FILED BY

L. BINGHAM,
ATTORNEY AT LAW,
U. S. Claim & Patent Solicitor,
WASHINGTON, D. C.

No. 22, 5-89.

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Missouri **, County of** Cape Girardeau **, ss:**

In the matter of the application for pension of Francis M. Williams late of Co. "F", 56th Ill. Inft.

ON THIS 18th day of January A. D. one thousand eight hundred and ~~eighty-three~~ Ninety personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths. A. N. Hathaway, farmer aged 56 yrs, years, a resident of Grand Pier precinct in the County of Pope and State of Illinois whose Post Office address is Hartsville, Pope Co. Illinois,

and ~~_____~~ aged ~~_____~~ years, a resident of ~~_____~~

in the County of ~~_____~~ and State of ~~_____~~

whose Post Office address is ~~_____~~

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid case as follows: That he has been well and personally acquainted with Francis M. Williams ~~for _____ years, and _____ years respectively, and that~~ from birth until about nine years ago, I lived in the neighborhood with him during this time and saw him frequently. I knew him before his enlistment and as far as I know he was a sound man and free from the disease or disability for which he now claims a pension. I know of one time that he came near dying from Rheumatism and Diarrhea since he was discharged from the service. And he was sick off & on, for four or five years. A great portion of this time he was unable to perform manual labor at all. I know how his condition was by seeing him frequently and by what he complained of also by the general talk of the neighbors. He was of a sallow complexion.

Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered dur- all the time they employed him, worked with him, or lived near him, and how severly; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because, of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether 1/4, 1/3, 1/2, 2/3, 3/4, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work.

They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

15

I further declare that I have no interest in said case and I am not concerned in its prosecution.

Alexander N. Hathaway

(If affiants sign by mark, two witnesses who write, sign here.) (Signature of Affiants.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Illinois, COUNTY OF Pope, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , ~~including the words~~ ~~erased, and the words~~ ~~added~~ and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

John S. Johnson
(Official Signature.)

Justice of the Peace
(Official Character.)

[L. S.]

I, Edward Provicean Clerk of the County Court in and for aforesaid County and State, do certify that John S. Johnson, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of the Peace in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

His commission is dated Dec 1-89. & expires Dec-1-93.

Witness my hand and seal of office, this 22 day of January, 1890.

Edward Provicean

[L. S.] Clerk of the County Court

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

No. 6965

ADDITIONAL EVIDENCE.

CLAIM OF

Francis M. Williams
Co. K, 56 Regt.
Ill. Vol.

AFFIDAVIT OF

A. N. Hathaway
P.O. Hartsville, Pope Co.
Illinois.

PENSION
MAR 7 1890

FILED BY

C. E. Porter
Agt. Claim Bureau

Mo.

Printed and for sale by J. F. Sheiry, Claim Blank Printer, 623 D Street, Washington, D. C.

(3—111.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character† and number of claim. Original Pension Claim No. 600765

Name and rank of claimant. Francis M Williams, Rank, Pvt

Company K, 5th Reg't Iowa Vol Inf | Cairo Ills (Post office address of the Board.) State,

Claimant's post office address. Patrico Stoddard Co Mo | June 29th (Date of examination.), 188 7

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability. Piles & wounds also Chronic Diarrhoea caused results

If a pensioner, fill in the amount; if not, erase the whole line. ~~and that he receives a pension of ..... dollars per month.~~

Pulse rate per minute, 78; respiration, 20; temperature, 98; height, 5 feet 9½ inches; weight, 138 pounds; age, 42 years.

He makes the following statement upon which he bases his claim for† Original

Here give the claimant's statement as briefly and as compactly as possible. That in the Spring of 1862 incurred Piles & Chronic Diarrhoea which disabled him about 3 months, and was discharged from the service for General debility in Oct 1862. That since his discharge from the army has been unable to perform Labor Manual Labor That he suffers more or less with Chronic Diarrhoea & bleeding Piles That his discharges are at times mucous & bloody, and that he has the diarrhoea about twice a year and at the attack a year

Upon examination we find the following objective conditions: The abdomen is

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant. normal in size and shape. No tenderness or tympanitis The lining membranes of the rectum is normal No evidence of external piles. The heart, lungs and liver are normal. The skin, Kidneys & Bowels are in a healthy condition, and applicant appears in good health The muscular system is normally nourished and there is no evidence of any disability

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ⅓, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, not probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a ~~rating~~ rating for the disability caused by ~~.....~~, ~~.....~~ for that caused by ~~.....~~, and ~~.....~~ caused by ~~.....~~

Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.

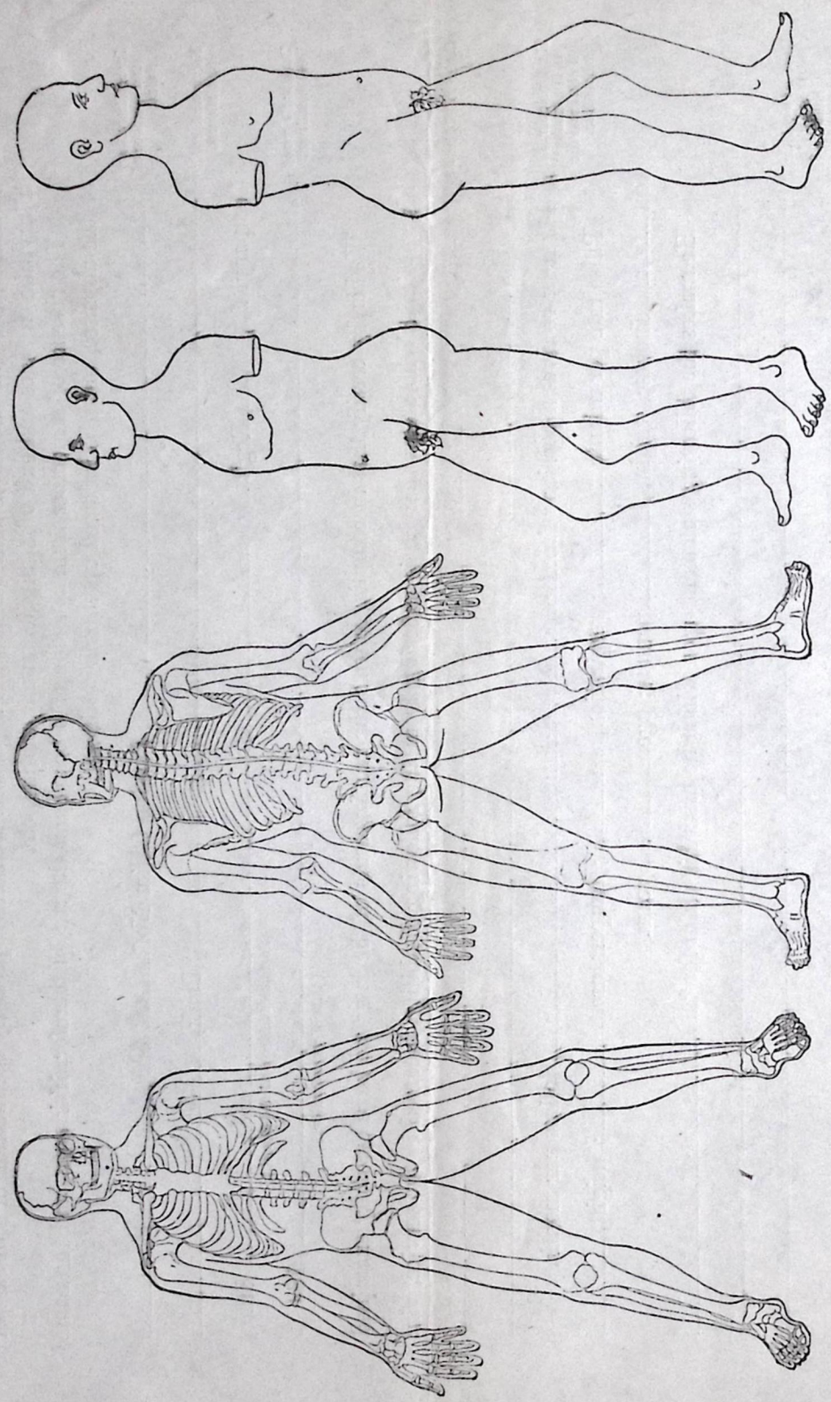
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

John [illegible], Pres. ....., Sec'y. [illegible], Treas.

E 20

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(8262—100,000.)



Dr H. G. Parker absent.
On leave 5/8/87

Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

Francis M Williams

Co. K, 56 Reg't Ills Vol Inf

Applicant for original

No. 600.765

DATE OF EXAMINATION:

June 29th, 1887.

Chas W Dunham, Pres.,
....., Sec'y,
M R Cary, Treas.,
} BOARD.

Post office, Edina

County, Adair

State, Mo

P. S. Write your Post-Office address plainly and in full.

Generally lasts about two weeks

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 584 391

Name of claimant. Francis M Williams Pvt

Claimant's post-office address. Company K 56 Reg't Del Inf
Blanchard Boyce Co Del

Address of Board. Yorklyn P. O.
Delaware State.
Sept 6th, 1905
[Date of examination.]

Names of disabilities. Ch Diarrhoea Dis of Rectum Rheumatism Disease of Heart Alleges resulting disease Eyes

He receives a pension of 10 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Ch Diarrhoea & Dis Eyes at Clear Creek & Pine Ridge Miss 1863 Rheumatism in Hospital Evansville Ind 1863

Birthplace, Boyce Co Del; age, 61 years; height, 5—8½; weight, 133½ pounds; complexion, Light; color of eyes, Brown; color of hair, Brown & Gray occupation, Farmer; permanent marks and scars other than those described below, Nothing

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 84 90 102 [Sitting, standing, after exercise.]; respiration, 18 27 36 [Sitting, standing, after exercise.]; temperature, 98 4/10;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. Ch Diarrhoea & Rectal disease Skin very sallow lifeless Tongue fiery Edges fissured Elevated pasty Brown Coat Stomach Swollen tympanitic slightly sensative dyspeptic Liver area dullness upper border 6th rib and to one inch below ribs and to median line Hard & Slightly Sensative Border Skin over liver & Stomach Ordinary Spleen Slightly Enlarged not Sensative. Has Chills occasionally One with in a week. Abdomen Swollen very tympanitic Sensative all over Especially Ascending Colon. Anus Excoriated Sphincter relaxed the Vessels Enlarged & Engorged and the Scars of Piles Membrain Thickened & Ulcerated and irritable. He is Emaciated and So greatly debilitated he is not able to do any Physical work

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Rheumatism Both Knees Crepitate Sensative and slightly Swollen Motion both limited and very poor in left. Both Ankles marked Crepitus very Sensative. left Swollen Motion limited and painful.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated. Heart Apex 2½ inches below and one inch to Left of Nipple. Action Violent Sounds distant Feeble Area dullness No Murmurs Marked Dyspnoea Oedema & Cyanosis. Eyes No Trachoma Blepharitis Trichiasis Entropion or Ectropion. Has Slight Pterygium both Left Extends ¼ the distance across Cornea Right Extends to Cornea. Has Cataract both eyes. more complete Vision left Vision right 7/200 left 7/200. He cannot See to read, write, or do any Sort of work. He has done no work for months Urine acid Sp Gravity 1021 No Sugar. trace Albumen no casts No other Disability found No vicious habits Rate Ch Diarrhoea Results Total 2d Grade. Rheumatism Dis Heart Disease 7/8 Disease Eyes Total 2d Grade The Claimant is So Disabled from Ch Diarrhoea Results Dis Eyes. Rheumatism & Heart disease as to be incapacitated for performing any manual labor and is Entitled to $30 a month

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

A Ennett, Pres. H W McCoy, Sec'y. E. S. Barger, Treas.

6—552a

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

☞(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 ."

(*Signature.*) _____

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, F M Williams, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. McCoy and Dr. Barger, the examining surgeons here present (waiving examination by full board), on this 6th day of Sept, 1905."

Witnesses to mark. _____ _____

(*Signature of Applicant.*) F. M. Williams

V

SURGEON'S CERTIFICATE

IN CASE OF

Francis Marion Williams

Co. K, 56 Reg't Ind Inf

APPLICANT FOR Increase

No. 584 391

DATE OF EXAMINATION:

Sept 6th, 1905

Hurst, Pres.,
Hurst Cory, Sec'y,
Ed. Barger, Treas.,
} BOARD.

Post office, Ligonier

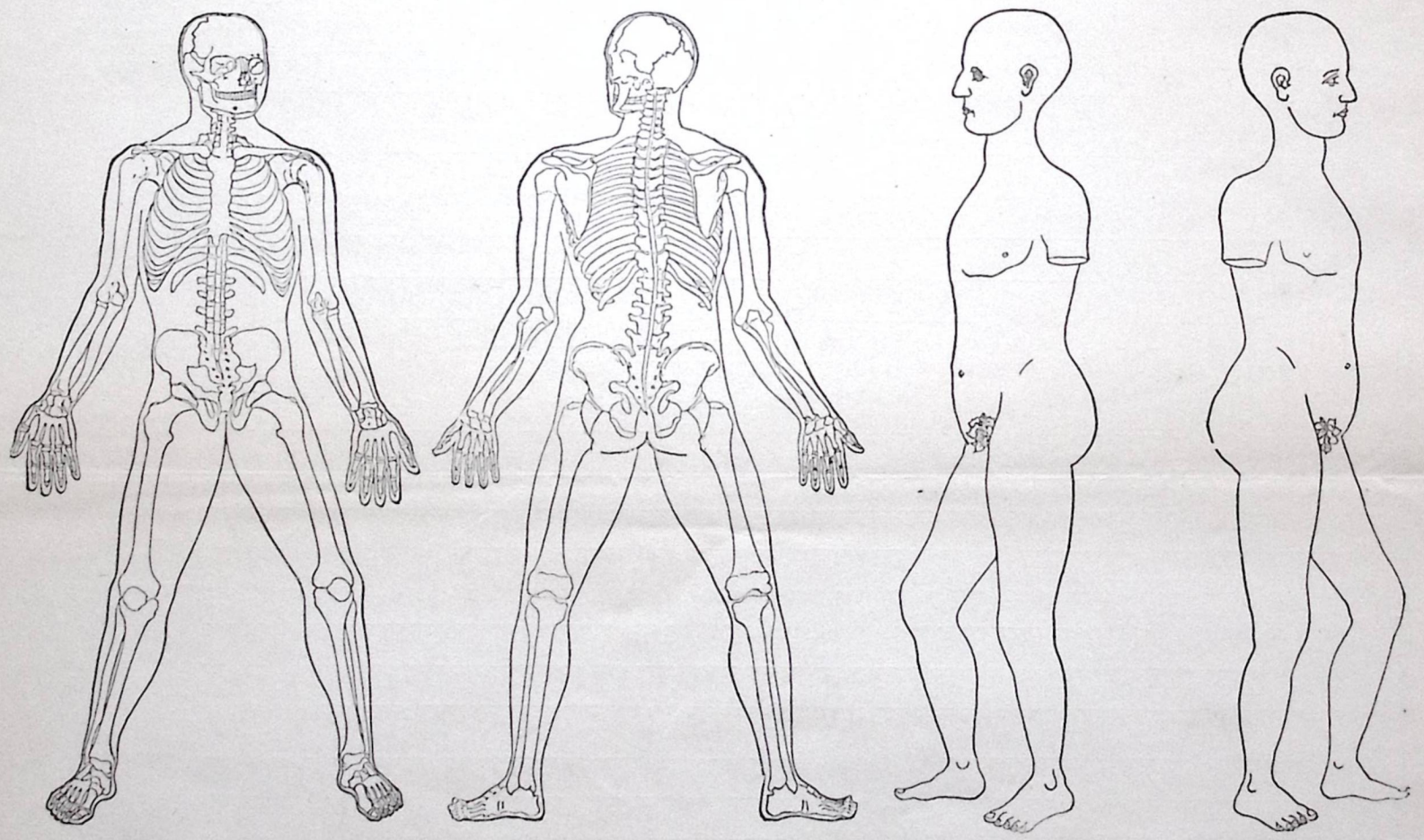
County, Noble

State, Indiana

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6—552a

PENSION OFFICE SEP 9 1905

SEP 14 1905 DIVISION



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

[3—216.]

Ex'r. INVALID.

No. 600765

Acts of July 14, 1862, and March 3, 1873.

REJECTED.

Francis M Williams

P. O. Cairo

Stoddard Co. Mo

Service: Pvt K 56th Ill Inf

Enlisted: Dec, 18 62.

Discharged: Oct, 18 63.

Application filed: Mar 7, 18 87.

Alleges: Chr diar & Feet.

Re-enlisted:

6/110 P. C. Evelyn

Attorney: L Bingham

P. O. Washington

Case Guardian Mo DC

Recognized. Contract.

Cert. of Dis. Searched for Dec 14, 18 87.

(6021—10 M.)

Ind. April 19/87 A G pd Coll fees & disability — L G as to hospital treatment

Ill.

Iowa. Order through Atty Bingham for Med Ex by Bd at Cairo Alexander Co Ill — To Clmt Circ'r as to hearing

Wis. Oct 15/87 — To Atty Bingham + Clmt blank slates of case — 100 Minn. Circulars sent, Clk

Nebr.

Kans. Nov 10/88 To Atty Bingham and Clmt letters of rejection, Clk

Nev.

Colo. Dec 5 1890 Ltr

Cal. Cooler & Bd

Oregon. Bolivar Bluff Mo

Ind. Ty.

N. Mex.

Dakota. April 27/91.

Wash.

Utah.

No.

Board of R. APR 28 1891

MAR 13 1888

DECLARATION FOR ORIGINAL INVALID PENSION.

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Missouri
Stoddard County, } SS.

On this 28th day of February, A. D. one thousand eight hundred and eighty seven personally appeared before me, a clerk of the County court, a court of record within and for the County and State aforesaid, Francis M. Williamms aged 42 years, a resident ~~of the~~ of Pasaico, county of Stoddard, State of Missouri, who, being duly sworn according to law, declares that he is the identical Francis M. Williamms who was ENROLLED on the ..... day of December, 1862, in Company K of the 56th Regiment of Ill. Inf commanded by Capt. Lloyd and was honorably DISCHARGED at Evansville Ind on the ..... day of October, 1863; that his personal description is as follows: Age, 42 years; height 5 feet 10 inches; complexion, Fair; hair, Sandy; eyes, Hazel. That while a member of the organization aforesaid, in the service and in the line of his duty at Issac Ridge, in the State of Mississippi on or about the 15th day of May, 1863, he contracted fever and chronic diarrhoea from the effects of which he still suffers.

Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

"He claims Pension for Fever and Chronic diarrhoea."

That he was treated in hospitals as follows: Hospital No 4, Evansville Ind. also Hospital No 5.

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has not been employed in the military or naval service otherwise than as stated above .....

Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the .....of..... in the State of Ill. T. Mo., and his occupation has been that of a Farmer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer. That he is now Greatly disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, LAFAYETTE BINGHAM, of WASHINGTON, D. C., his true and lawful attorney to prosecute his claim. That he has not received ~~not~~ applied for a Pension. That his POST OFFICE ADDRESS is Pasico county of Stoddard State of Missouri

Claimant's signature, by Francis Williamms

ATTEST. _____

_____

Must be executed before Clerk of Court.

Also personally appeared Samuel Hardy, residing at Prince Edwards Co Mo

and D W Sanford, residing at Bloomfield Stoddard Co Mo, persons whom I

certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

F M Williams, the claimant, sign his name ~~(or make his mark)~~ to the

foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Carroll Hardy

D W. Sanford

(Signatures of Witnesses.)

Sworn to and subscribed before me this 28th day of February, A. D. 187 , and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words ..... erased, and the words ..... added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[SEAL.]

M S Phelan

(Signature.)

Clerk of the County Court

(Official character.)

A. A.

INVALID.

CLAIM FOR PENSION

ORIGINAL.

Francis M. Williams, applicant, Private Co. "K" 7th Reg't, Mo. Vols.

Enlisted November, 1862.

Discharged October, 1865.

FILED BY

L. BINGHAM,

ATTORNEY AT LAW,

U. S. Claim & Patent Solicitor,

WASHINGTON, D. C.

Must be executed before Clerk of Court.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

☞ Please give or send this blank to some one who may need it. ☜

nw. 584391 Topeka

3–355. Certificate No. 584.391.

Increase

INVALID PENSION.

Claimant, Francis M. Williams.

P. O., Blanchard, Logan County, State, Illinois

Rank, Private. Company, K. Regiment, 5th Illinois Vol. Cav.

Rate, $ 17 per month, commencing September 6 1905

Pensioned for Chronic diarrhoea and resulting disease of rectum and rheumatism and resulting disease of heart

RECOGNIZED ATTORNEY.

Name, W. L. Reynolds. P. O., Harrisburg, Ills.

Fee, $ 2; Agent to pay.

Articles filed, 1

APPROVALS.

Submitted for Sept. 26, 1905, W. B. Pratt, Examiner.

Approved for Chronic diarrhoea and resulting disease of rectum and rheumatism and resulting disease of heart (old) Alleged resulting disease keeps to me

Approved for chronic diarrhoea and resulting disease of rectum & rheumatism added resulting disease of heart 7/18 from September 6. 1905.

Allegd disease of eyes cannot be accepted as a result

Sept 26, 1905. J. Bruce, Legal Reviewer.

Wilson, Medical Examiner. Nagle, Medical Reviewer.

, 190, Re-Reviewer.

Oct. 5, 1905, H. L. Stanton, Medical Referee.

Enlisted Mar. 2, 1864. Discharged Sept 19, 1862 Last paid to, 1

Pensioned at $ 10 per month for Chronic diarrhoea & resulting disease of rectum. Rheumatism & resulting disease of heart.

PRESENT CLAIM.

Declaration filed July 22, 1905 Increase of pensioned Claim & resulting disease of eyes.

Claimant does not write.

0-4 Co., M. C.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Illinois }
County of Pope } ss:

On this 17 day of July, A. D. one thousand nine hundred
& five personally appeared before me Justice of the Peace
a Notary Public within and for the County and State aforesaid
Francis M Williams aged 61 years, a resident of
Blanchard, County of Pope, State of
Illinois, who, being duly sworn according to law, declares that he
is a pensioner of the United States, duly enrolled at the Topeka, Kans. Pension
Agency, at the rate of Ten dollars per month, by certificate
No. 584391, for disability due to Chronic diarrhoea & resulting
(State the disability just as it is written in your pension certificate.)
disease of rectum Rheumatism & resulting
disease of heart

incurred in the service of the United States while serving as a Pvt Co K 56
(Give rank company and regiment, or other organization
Regt Ills Inf Vols.
if in the Army; and rank and vessel, if in the Navy.)
and he believes himself entitled to an increase of pension upon the ground that his present rating is incommensurate with the degree of incapacity resultant from the disabilities named in his Pension Certificate, and that there has been a material increase of disability since his last medical examination by U. S. Examining Surgeons above diseases & resulting cause has resulted in disease of eyes until he is almost blind & he is unable to perform any manual labor. Would ask to be sent to the Board at Harrisburg Saline Co Ills, nearest

ATT'Y FILED

He hereby appoints, with full power of substitution and revocation
O D Reynolds, of
Harrisburg Ills, his true and lawful Attorney to prosecute his claim.

That his Postoffice address is Blanchard Pope Co Ills,
(Give Town, County and State.)

Francis M. his X Williams
mark

Also personally appeared G B Williams, residing at
Blanchard Ills, and J A. Hart, residing at
Oak Ills, persons whom I certify to be respectable and entitled to credit
and who, being by me duly sworn, say they were present and saw Francis M. Williams
the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

J A. Hart
G. B. Williams
(Signatures of witnesses to identity of Applicant.)

PENSION U. S. JUL 20 1905 OFFICE.

Two attesting witnesses to signatures by X mark:
(1) J A. Hart
(2) G. B. Williams

SWORN TO AND SUBSCRIBED before me this 17 day of July

A. D. 1905, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing, including the words _____

(If any words have been erased in the application, enter them here.)

[L. S.] _____, erased, and the words _____

(If any words have been added in place of any erased, enter them here.)

_____, added;

and that I have no interest, direct or indirect, in the prosecution of this claim.

Record Division.
Certificate on file covering
Dec. 2 1901; Dec. 4 1905.

Joshua Hart
(Signature.)

Justice of the Peace
(Official character.)

☞ Applications for *Increased* pension may be acknowledged before a Justice of the Peace, Notary Public, or any officer having authority to administer oaths for general purposes.

Congress has passed a law which does away with the necessity of compelling the applicant to go to the County seat to have this paper executed, and it may be sworn to BEFORE ANY OFFICER authorized to administer oaths for general purposes. If such officer has no seal, then a certificate of a Clerk of a Court of Record, County Clerk, or other proper officer, attesting both the signature and official character of the officer before whom the application is executed, must be attached, UNLESS SUCH OFFICER HAS A GENERAL CERTIFICATE, covering his official acts, ON FILE in the proper Departments, IN WHICH CASE NO CLERK'S CERTIFICATE IS NECESSARY.

Declaration and power of attorney valid.
S. A. Cuddy,
Chief, Law Division.
per W. L. B. 22

INVALID.

CLAIM FOR PENSION.

INCREASE.

Francis M. Williams, Applicant,

Co. A, 57 Reg't,

Ills Vols

No. of Pension Certificate 584437

FILED BY

W. McCampbell
Attorney

RECORD JUL 24 1905 DIVISION

7 110

3—355.
(Old No. 3—145.)

Certificate No. 584391

Issued

INVALID PENSION.

Claimant, Francis M. Williams.

P. O., Puxico.
County, Stoddard.
State, Missouri.

Rank, Private.
Company, K.
Regiment, 56. Ills. Vol. Inf.

Rate, $ ..... per month, commencing .....

Pensioned for .....

RECOGNIZED ATTORNEY.

REJECTED

Name, J. B. Lemuel & Co.
P. O. Washington D.C.

Fee, $ 2 Sept 27, 1901
Agent or pay.
Articles filed ....., 1

APPROVALS.

Submitted for Add. Augt. 1901, S. K. Wilson, Examiner.

Approved for Chronic diarrhoea and resulting disease of rectum, and rheumatism and resulting disease of heart.

Lung disease and bronchites, alleged results to Med. Ref.

Sept. 4, 1901. J. Manson
Legal Reviewer.

....., 190..... .....
Re-Reviewer.

Approved for chronic diarrhoea and resulting disease of rectum and rheumatism and resulting disease of heart 1/8 as incurred

Disease of lungs and bronchites not accepted as results.

Norman
Medical Examiner.

G.P.
Medical Reviewer.

Sep 5, 1901, C. F. Whitney acting
Medical Referee.

Enlisted Nov 7, 1861 Discharged Sep 19, 1862 Last paid to ....., 1.....

Pensioned at $ 10 per month for Chr. diar. & res. dis. of rectum & rheum. & res. dis. of heart.

PRESENT CLAIM.

Declaration filed Sept 21, 1900, for diar., res. dis. of rectum, and rheum. & res. disease of heart. increased lung trouble & bronchitis.

Claimant does ..... write.

No., M. C.

Western Division

(3–615.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Jany. 11, 1893

Dw. cf.

No. 584,391

Name, Francis M Williams

Co. K., 56 Reg't Ill. Vol. Inf.

Date of filing, Apl. 10 1889

Date of rejection, May 18, 1891

CAUSE OF REJECTION.

No disability from alleged rheumatism dis. of heart & throat since date of filing claim,

ABSTRACT OF TESTIMONY TO REOPEN.

Record for said rheumatism and testimony of Continuance in Claim, — and Board of Surgeons under date of Dec. 9, 1891, rate for rheumatism & dis of heart,

Material,

B. W. Sisson, Examiner.

, Chief of Div.

RECEIVED
JAN 13 1893
DEPUTY COMMISSIONER.

827 b –25 m o—6

(3—146.)

Inv. Cf. # 584,391

584391 Topeka

INVALID PENSION.

REISSUE TO ALLOW ADDITIONAL DISABILITY. Increase

Pensioner, Francis M. Williams

P. O., Puxico

County, Stoddard

State, Mo.

Rank, Pvt.

Company, K.

Regiment, 56th Ill. Vol. Inf.

Rate, $ 6 per month, commencing April 10. 1889

and $10. " from December 9. 1891

In lieu of Cf. dated May 23. 1891

Deduct sub. payments.

Pensioned for Chronic diarrhoea & res. dis. of rectum and rheumatism and res. dis. of heart.

Pensioned as Francis M. Williams

RECOGNIZED ATTORNEY.

~~Fee paid in full~~

Name, P. C. Cooter.

P. O., Cape Girardeau Mo.

Fee, $ 2.00; Agent ——— to pay.

Articles filed ——, 18 .

APPROVALS.

Approved for Rheumatism and results,

Submitted Jany. 14th, 1893 B. W. Sisson, Examiner.

Approved for Chr. diarrhoea and resulting disease of rectum. (old) and Rheumatism (new) Pension for latter disability to commence April Sept 10. 1889.

Heart disease shown on examination stated former order as to dis. of throat adhered to

Sept 9. 1891 H. Cole, Legal Reviewer.

Jany 16, 1893, ———, Re-Reviewer.

Approved for chronic diarrhoea & resulting disease of rectum. 6/18 from Dec. 9, 1891, Rheumatism & resulting disease of heart 2/18 to Dec. 9, 1891 4/18 thereafter,

O'Reilly 9, Med. Ex'r, O. J. C., Med. Reviewer.

Feb 7, 1893, ———, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted, Nov. 7" 1861

Discharged Sept. 19" 1862. Last paid to ———, at $ 4.

Pensioned from March 7" 1887 at $ 4." for Chronic diarrhoea and disease of rectum.

Original declaration filed Mar Nov. 7" 1887; alleged Fever and diarrhoea

Orig. Decl. filed April 10" 1889, " and disease of throat, heart Stomach & rectum and rheumatism

Declaration filed ——, 18 ; alleged ———

Arrears allowed from ——, 18 , to ——, 18 , at $ ———

PRESENT CLAIM.

Declaration filed Sept. 8" 1891" Increase and results, and disease of heart &c, Pending rheumatism & dis. of heart, as claimed in Decl. filed April 10" 1889. = Rej'd dis. of throat adhered to Jany. 14/93. B.W.S.

Clerk Writer,

6—394

8886 b—25 m

BOARD OF REVIEW
JAN 16 1893

(3—125.)

ORIGINAL INVALID CLAIM.

Soldier, Francis M. Williams

P. O., Purvis

County, Stockdale

State, Miss.

Rank, Private

Company, K

Regiment, 56 Ill. Vol. Inf.

Rates, $ 4— per month, commencing March 7/87

Pensioned for Chr diarrhoea, and disease of rectum.

RECOGNIZED ATTORNEY.

Name, P. C. Cook

P. O., Cape Girardeau, Mo.

Fee, $ 25—, Agent ..... to pay.

Articles filed May 4, 1889

APPROVALS.

Approved for diarrhoea.

Submitted April 27, 1891; Cuthbert, Examiner.

Approved for Chr. diarrhoea

Reject alleged fever, rheumatism disease of throat and heart on the ground of no disability since filing subject to act of Med Ref

Geo. A. Smith, Legal Reviewer.

May 11, 1891, ..., Re-Reviewer.

Approved for Chr Diarrhoea and resulting disease of rectum 4/18

Reject claims for rheumatism disease of heart and throat as no table disability therefrom since date of filing

J. H. Temple, Med. Ex'r, Bennett, Med. Reviewer,

May 18, 1891, ..., Med. Referee.

IMPORTANT DATES.

Enlisted, Nov. 7, 1861.

Mustered ....., 18 .

Discharged Sept 19, 1862

Declaration filed Nov 7, 1887 April 10 1889

..... service from .....

18 , to ....., 18 , in .....

Not in service since Sept 19, 1862

BASIS OF CLAIM.

Dec. filed Nov 7/87 alleges fever and diarrhoea contracted in Miss. May 1863

Dec filed April 10/89 alleges same and disease of throat, heart, lungs & rectum & rheumatism. Claim for other disabilities submitted for rejection.

Writes no Dr. C.

(3–615.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Dec 1st, 1890

No. 600.965

Name Francis M. Williams

Co. K, 56 Reg't Ill. Vol.

Date of filing: Mch 7, 1887

Date of rejection, Apr 2/88

CAUSE OF REJECTION.

No pensionable disability from disease since filing claim.

ABSTRACT OF TESTIMONY TO REOPEN.

Five witnesses have certified to a pensionable degree of disability.

Material

Bk Clemens, Examiner.

A H Duncan, Chief of Div.

RE-OPENED
DEC 2 1890
Charles D Lucas
DEPUTY COMMISSIONER.

827 b—25 m o—6

(3—125.)

ORIGINAL INVALID CLAIM.

Soldier, Francis M. Williams

P. O., Puxico | Rank, Private

County, Stoddard | Company, "K"

State, Missouri | Regiment, 56th Ill Vol Infy

Rates, $ ..... per month, commencing .....

REJECTED
APR 2 1888

Pensioned for .....

RECOGNIZED ATTORNEY.

Name, L. Bingham

P. O., Washington D.C.

Fee, $ ....., Agent ..... to pay.

Articles filed ....., 18 .

APPROVALS.

Approved for .....

Submitted for rejection Mch 12, 1888; Geo. L. Anderson, Examiner.

Approved for .....

Rejection on the medical action,

Mch 19, 1888, [illegible], Legal Reviewer.

, Re-Reviewer.

Approved for — Reject Chr. diarrhoea, a result of fever, on the ground that is shown that no disability, in a pensionable degree, has existed since date of filing claim.

Wm. S. Bell, Med. Ex'r, Dalloch, Med. Reviewer,

March 16 1888, John Campbell, Med. Referee.

Rec'd writes No M.C.

IMPORTANT DATES.

Enlisted, Nov 7th, 1861.

Mustered " " , 1861.

Discharged Sept. 19th, 1862

Declaration filed Mch 7th, 1887.

..... service from .....

18 , to ....., 18 , in .....

Not in service since Sept 19th Dec, 1862

BASIS OF CLAIM.

Filed Mch 7th 1887 That while in the service and in line of duty at Pine Ridge, Miss. on or about the 15th of May 1863 he contracted fever and Chronic diarrhoea from the effects of which he still suffers.

HISTORY OF ATTORNEYSHIPS.

1st appointment....., 18 ,	Name and P. O.....
By.....	Recognized, or why not .....
2d appointment ....., 18 ,	Name and P. O.....
By.....	Recognized, or why not .....
3d appointment ....., 18 ,	Name and P. O.....
By.....	Recognized, or why not .....

BOARD OF REVISION
MAR 21 1883

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Missouri, County of Stoddard, ss:

On this 4 day of September, A. D. one thousand eight hundred and ninety one

personally appeared before me, a Notary Public

within and for the county and State aforesaid, Frances M. Williams, aged 46

years, a resident of the town of Puxico county of Stoddard

State of Missouri, who, being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the St. Louis Pension Agency, at the rate

of $4. dollars per month, Certificate No. 584391, by reason of disability from Chronic
Here name the

Diarrhea & Piles & disease of Rectum incurred
disability for which pension was granted.

in the military service of the United States while Serving as a private
Military or Naval. Here state rank, company, and regiment, if in

in Company K 56th Reg't. Enlisted Illinois Vols
Army—vessel, if in Navy.

That he believes himself to be entitled to an increase of pension on account of Chronic
Here state the reasons for applying for increase.

Diarrhea & disease of Rectum & results of
If on account of increase in the disability for which already pensioned, that should be described.

disease of bowels &c

that he appoints P. C. Cooter of Cape Girardeau

county of Cape Girardeau State of Missouri, his true and lawful

attorney to prosecute his claim. That his POST-OFFICE ADDRESS is Puxico

county of Stoddard, State of Missouri

Claimant's Signature: Frances M. Williams

Attest: Chas. Penn. Cashier

Jno. J. Grammer

Also personally appeared Russum Casteel, residing at near Knie'e, and Aaron L Grammer residing at near Knie'e, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Francis M Williams, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Russum Casteel

Aaron L Grammer

Signatures of Witnesses.

SWORN to and subscribed before me this 4 day of September A. D. 1891

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the

[L. S.] words ..... erased,

and the words .....

added; and that I have no interest, direct or indirect, in the prosecution of this claim.

John W Smith

Official Signature.

Notary Public

Official Character.

The POST-OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

INVALID.

CLAIM FOR INCREASE.

Francis M. Williams, Applicant,

Co. "K", 56th Reg't.

Sept. Infty. Vols.

Pension Certificate No. 374,391.

FILED BY

P. B. Gamble

Cole Graduate

Dno

PLEASE NOTICE. SEP 1891 OFFICE U.S. PENSION

Printed and sold by W. H. Moore, 511 11th st., Washington, D. C

For an Increase of Invalid Pension.

☞Execute this before an officer having a seal.

STATE OF Missouri, COUNTY OF Stoddard, SS:

On this 12 day of September A. D., 1900, personally appeared before me a Notary Public within and for the County and State aforesaid F. M. Williams

Claimant's name should be written here.

aged 57 years, a resident of the County of Stoddard State of Mo. who being duly sworn, according to law, deposes as follows, to wit:

I am a pensioner of the United States under the Old Law, duly enrolled at the ____ pension agency, at the rate of Ten dollars per month, by reason of disability incurred in the military service of the United States, while a member of Company K of the 5C Regiment of Inft. Ills Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for Chronic Diarhea Resulting from Disease

State here the disability or disabilities for which you are (or were) pensioned under the Old Law, just as they are (or were) written in your Pension Certificate.

of Rectum & Rheumatis Resulting from Disease of Heart

That my disability has resulted in Lung Trouble & Bronchetis

If your disability has resulted in any other disability, please write the same here.

That since I last applied for an increase of my pension my disability is increased in Lung Trouble & Bronchitis Very Bad

[If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability."]

IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. CRALLE & CO., OF WASHINGTON, D. C., my true and lawful Attorneys, to prosecute my claim. My Post office address is Puxico County of Stoddard State of Mo. and the number of my certificate is 584,391.

Attest two witnesses. { S. T. Allwright / M. E. Smith }

Francis M. Williams

[Claimant's Signature.]

Also personally appeared S. T. Wright residing at Near Puxico Mo and M. E. Smith residing at Puxico Mo persons whom I certify to be respectable and entitled to credit, and who being duly sworn, say that they were present and saw F. M. Williams the claimant sign his name (or make his mark) to the foregoing declaration. and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses. { S. T. Allwright / M. E. Smith }

Sworn to and subscribed before me this 12 day of Sept, A. D. 1900, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words ____ erased, and the words ____ added, and that I have no interest, direct or indirect, in the prosecution of this claim.

John W Smith

Signature.

[L. S.]

Notary Public

Official Character.

NOTARY PUBLIC STODDARD COUNTY, MO.

PENSION OFFICE U. S. SEP 21 1900

ATTY FILED

INVALID CLAIM

FOR

PENSION.

INCREASE.

Emanuel M. Williams

Late ____ Co. K ____ 36 Reg't.

of ____ Ills. Vols.

Certificate No. 584.691

FILED BY

J. B. Cralle & Co.

PENSION ATTORNEYS,

CRALLE BUILDING,

108 C St. N. W., WASHINGTON, D. C.

LAW DIVISION RECEIVED SEP 24 1900 RECEIVED SEP 22 1900 FLORIDA COUNTY, W.

RESULTING DISABILITIES.

CHRONIC DIARRHŒA may result in disease of kidneys, rheumatism, disease of heart, disease of liver, piles, fistula in ano, general debility, nervous debility, paralysis, consumption, disease of spleen, dyspepeia, disease of stomach, disease of rectum, disease of abdominal viscera, dropsy, asthma, nervous derangement, spinal irritation, disease of lungs, ulceration of bowels and vertigo.

RHEUMATISM may result in disease of heart, paralysis, disease of legs, disease of eyes and varicose veins.

SUNSTROKE may result in debility, nervous prostration, mental derangement, vertigo, disease of brain, insanity, disease of spine, deafness, disease of heart, paralysis, disease of eyes and epilepsy.

MEASLES may result in disease of lungs, disease of heart, disease of eyes, atrophy of testicles, asthma, bronchitis and chronic otorrhœa.

MALARIAL POISONING may result in disease of liver, disease of spleen, debility, indigestion, disease of heart, disease of kidneys, dropsy, neuralgia, disease of abdominal viscera and derangement of stomach and bowels.

ASTHMA may result in disease of lungs, loss of voice, emphysema, dilatation of right side of heart and dropsy.

TYPHOID FEVER may result in disease of lungs, disease of kidneys, disease of heart, disease of legs, enlargement of legs, debility, nervous debility, varicose veins, diarrhœa and derangement of nervous system.

GUN-SHOT WOUNDS may result in various disabilities, the character of which depends upon the location of the wound, etc.

INJURY OF ABDOMEN may result in spinal irritation, disease of stomach, disease of liver, peritonitis and adhesions.

INTERMITTENT FEVER may result in disease of lungs, rheumatism, debility and heart disease.

DISEASE OF HEART may result in disease of lungs, bronchitis, anasarca, paralysis and brain softening.

TYPHOID-MALARIAL FEVER may result in affection of head, affection of stomach and debility.

FEVER may result in debility, chronic diarrhœa, rheumatism, ulcers of leg and deafness.

DEAFNESS may result in disease of brain and spinal irritation.

SMALL-POX may result in disease of leg and disease of eyes, suppurative otitis. deafness—partial or complete.

CATARRH may result in bronchitis, disease of stomach, disease of middle ear, deafness and cerebal abscess.

TYPHUS FEVER may result in dyspepsia and hepatitis.

MALARIAL FEVER may result in indigestion, debility, nervous prostration and chronic dysentery.

INJURY OF SPINE may result in paralysis, locomotor ataxia, debility, neuralgia, epilepsy, curvature, hip-joint trouble and femoral abscess.

VACCINATION may result in loss of use of arm and blood poisoning.

DIPHTHERIA may result in paralysis and disease of throat. N. B.—The paralysis of diphtheria is usually *transient*.

VARICOSE VEINS may result in ulcers.

SCURVY may result in varicose veins and ulcers.

SCIATICA may result in injury of back and hip.

DISEASE OF ABDOMINAL VISCERA may result in disease of rectum.

GUN-SHOT WOUND OF HEAD may result in insanity, paralysis, disease of brain, disease of eyes, neuralgia and epilepsy.

GUN-SHOT WOUND OF LEG may result in varicose veins, rheumatism and paralysis.

INJURY OF HEAD may result in deafness, epilepsy, paralysis and insanity.

DISEASE OF LIVER may result in rheumatism, jaundice; often results in pleurisy of right lung.

JAUNDICE may result in debility, disease of liver and dropsy.

FEVER AND AGUE may result in disease of spleen.

BRAIN FEVER may result in epilepsy.

CONCUSSION may result in deafness, disease of brain and spinal irritation.

TYPHOID-PNEUMONIA may result in disease of lungs and disease of throat.

ABSCESS may result in varicose veins.

INJURY TO BACK may result in curvature of spine, paralysis and disease of kidneys.

INJURY OF CHEST may result in disease of lungs.

PLEURISY may result in pleuritic adhesions, displacement of heart and phthisis.

MALARIA may result in intermittent fever.

LOSS OF ONE EYE may result in affection of the other.

DISEASE OF LUNGS may result in disease of heart.

Medical Testimony,

State of Illinois County of Pope ss:

In the matter of the claim of F M Williams late a

Doctor's name and Post Office address.

private in Company K of the 57 Regiment of Illinois Vols.

John Blanchard M. D., whose Post Office address is Hartsville

County of Pope State of Illinois and whose age is now

66 years, being first duly sworn, says that he is a regular practicing physician of 20 years

standing, and that he gave medical advice and treatment to F. M. Williams

as follows: I be came acquanted with Clement when a Boy he was sound

I Saw him Ritn Soon after the warr closed he had trouble of Bowels & and from at times Bad his disabelety was one half at least his ochpation I was farmer I don't knowe what he can do now he left for Missouria in about 78 or 79

I was his family Doctter from about 1870 to about 1878 when he left to go to missouria his case Seamd to assume a cronic form as he was allways a nice Sober man while I have him I treated him at Seffrent times in that time

I have no interest whatever in his claim, and I am not related to claimant.

But ONE affidavit from each doctor.

John Blanchard M D

Sworn to and subscribed before me this 17 day of May 1887.

at Hartsville in the County of Pope

State of Illinois I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of ull credit as a witness, and that the contents of the above affidavit were made known to him before execution.

William Moser

Notary Public

NOTE.
This should be sworn to before a Clerk of Court Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character hereon and not on a separate slip of paper unless said Justice or Notary already has a certificate on file in the Pension Office showing official capacity. If such be the case, he must say so in his Jurat.

Doctor:—Please state when (the year at least) you first became acquainted with claimant; if before his enlistment, was he sound and free from his present disability. In what year you first saw him, after his discharge; what disability then affected him; and what his physical condition was. To what extent (⅛, ¼, ½, ¾,) did his disability then prevent him doing manual labor, or interfer with his usual occupation; what was his occupation when you first knew him, and what it is now. In what respect has his disability increased with his age since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity, ⅛, ¼, ½, ¾, has he now for following his usual occupation. If possible, give dates and duration of all treatment administered; your books will help you. If the case appears to have been one of long standing and chronic, please say so. If his disease has been aggravated by intemperate or other bad habits, so state.

Invol 20 Dec 88

F 11

Medical Testimony,

State of Illinois County of Pope ss:

In the matter of the claim of Francis M. Williams late a Private in Company K of the 54 Regiment of Illinois Vols.

Doctor's name and Post Office address.

John A. Wasson M. D., whose Post Office address is Harrisville County of Pope State of Illinois and whose age is now 67 years, being first duly sworn, says that he is a regular practicing physician of 40 years standing, and that he gave medical advice and treatment to Francis M. Williams as follows: I Treated Said Soldier for Chronic Diarhea from the year 1862 To the year 1873 I think Said Disability Disabled Said Soldier from performing manual Labor one Half. His occupation Has Always been A farmer I further State that Said Soldier Was perfectly Sound up to the Time of His Enlistment I Knew Him From A boy up To the Time of His Enlistment in the U S Service

Doctor:—Please state when (the year at least) you first became acquainted with claimant; if before his enlistment, was he sound and free from his present disability. In what year you first saw him, after his discharge; what disability then affected him; and what his physical condition was. To what extent (⅛, ¼, ½, ¾,) did his disability then prevent him doing manual labor, or interfer with his usual occupation; what was his occupation when you first knew him, and what it is now. In what respect has his disability increased with his age since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity, ⅛, ¼, ½, ¾, has he now for following his usual occupation. If possible, give dates and duration of all treatment administered; your books will help you. If the case appears to have been one of long standing and chronic, please say so. If his disease has been aggravated by intemperate or other bad habits, so state.

But ONE affidavit from each doctor.

I have no interest whatever in his claim, and I am not related to claimant.

John A Wasson M D

Sworn to and subscribed before me this 29 day of April 1887.

at Harrisville in the County of Pope State of Illinois I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

William Moser
Notary Public

NOTE.
This should be sworn to before a Clerk of Court Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character hereon and not on a separate slip of paper unless said Justice or Notary already has a certificate on file in the Pension Office showing official capacity. If such be the case, he must say so in his Jurat.

Invalid 20 73

9

STATE OF .....
COUNTY OF ..... } ss.

I HEREBY CERTIFY that ..... before whom the foregoing affidavit was made, was at the execution thereof, a .....

..... in and for the County of .....

and State of ..... duly authorized to administer oaths, and that his signature thereto is genuine. His Commission was dated ..... 188 ,

and will expire ..... 188 .

.....
(Official Signature.)

TESTIMONY.

IN THE CLAIM OF

.....

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For .....

No. .....

AFFIDAVIT OF

.....

.....

.....

FILED BY

L. BINGHAM,

ATTORNEY AT LAW,

U. S. Claim & Patent Solicitor,

WASHINGTON, D. C.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Illinois, County of Pope, ss:

In the Pension Claim No. .....

of Francis M. Williams late of

Co. "K." "56" Ill. Infty.

(Company and regiment of service, if in the army, or vessel and rank if in the navy.)

Personally came before me, a Justice of the Peace in and for the aforesaid

County and State John A. Wasson a citizen of Pope Co. Illinois

whose Post Office address is Hartsville, Pope Co, Illinois

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about ——— years, and that

I treated said soldier for Chronic Diarrhea

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted

from the year 1862 to year 1873. I think,

unless the magistrate certifies in his jurat that they were made before executing the paper.

said disability disabled said soldier from performing manual labor ~~labor~~ one half of his time. His occupation has always been a farmer. I further state that said soldier was perfectly sound up to the time of his enlistment. I knew him from a boy up to the time of his enlistment in the U. S. service.

NOTES.

The Physician's Affidavit must show the following facts:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.

2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.

3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.

4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

10

He further declares that he has been a practitioner of medicine for Several years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

John S. Johnson M D
(Affiant's Signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 11th day of February A. D. 1890

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words ~~_____~~ erased, and the words ~~_____~~ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

John S. Johnson
(Official Signature.)

[L. S.] Justice of the Peace
(Official Character.)

I, _____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 188____.

_____

[L. S.] Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COURT must add his certificate of character hereon, and not on a separate slip of paper.

Rec'd to 13

MEDICAL EVIDENCE.

AFFIDAVIT OF
Dr. John A. Watson
Hartsville, Pike Co. Ills.

CLAIM OF
Francis M. Williams
Co. "K," 56th Ill. Vols.

No. 602765.

for
Orig. Invalid Pension

PENSION
MAR 7 1890
OFFICE

Filed by
P. C. Carter
Ogle Ginandeau
Ills.

Printed and for sale by J. H. SOULÉ, Washington, D. C.

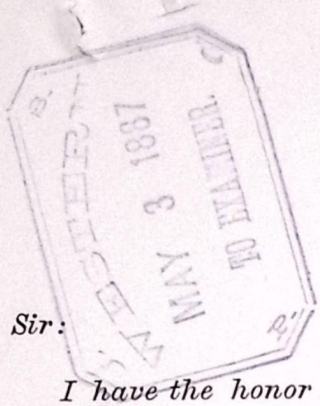
No. 455 546

War Department,

Surgeon General's Office,

RECORD AND PENSION DIVISION.

Washington, D. C., April 25, 1887



Sir:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 600.765, with such information as is furnished by the records filed in this Office, viz: that F. M. Williams, Priv. Co. K. 56 Ills. Vols. was admitted to Gen. Field Hospl. A. of Mis. Farmington Miss. on or about July 20. 62 with Typhoid Fever, and transfered July 27. 62; that Francis M. Williams Priv. said Co. and Regt. was admitted to Steamer Prairie July 27. 62 diagnosis and disposition not given (no prescriptions); that he was admitted to No. 4 G.H. Evansville, Ind. Aug. 1. 62 with Diarrhoea and discharged from Service Sept. 19. 62. and that he was admitted to No. 6 (Convl. Barracks) G.H. Evansville Ind. Sept. 13. 62 with Rheumatism and discharged from Service Sept 23. 1862.

By order of the Surgeon General:

F. C. Ainsworth
Asst. Surgeon, U. S. Army.

To the
Commissioner of Pensions.

per J. Frech

(125)

54. 4

Western Dept

(3—065.)

Department of the Interior,

PENSION OFFICE,

April 9th, 188 /

Sir:

Please furnish this Office a report of hospital treatment in the Claim No. 600765, of Francis M. Williams, late a Private Co. "K" 86th Ill Vol Inft, from the data given below.

1. Disability from fever & chronic diarrhoea contracted while at Pine Ridge Miss - on or about the 15th of May 1863

2. Treatment, as follows: Was treated in regimental hospital and then in hospital No 4 & 5 at Evansville, Ind,

3. The Adjutant General's report shows: Not in

4 Discharged Oct —, 1863, at Evansville Ind

Very respectfully,

John C Black,
Commissioner

The Surgeon General U. S. A.

(7978—10 M.)

PENSION OFFICE
APR 26 1887

U. S. WESTERN
APR 27 1887
RECEIVED. O.

B. & P. DIV.
1887 453546
APR 21
S.G.O.

NEIGHBORS AFFIDAVIT.

Please read these instructions before filling up your affidavit.

State of Illinois County of Pope ss:

In the matter of the claim of Francis M. Williams late a Private in Company K of the 56 Regiment of Illinois Vols.

NEIGHBORS:—Please state when (the year at least) you first became acquainted with claimant; if before his enlistment, was he sound and free from his present disability. In what year you first saw him, after his discharge; what disability then affected him and what his physical condition was. To what extent, ⅛, ¼, ½, ¾, did his disability then prevent him doing manual labor, or interfere with his usual occupation; what was his occupation when you first knew him; and what it is now. In what respect has his disability increased with his age since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity, ⅛, ¼, ½, ¾, has he now for following his usual occupation. If his disease has been aggravated by intemperate or other bad habits, so state.

Alexander E. Wasson aged 47 years, a resident of Pope Co Ill.

aged years, a resident of

whose Post Office address is Hartsville Ill

who being duly sworn, declare in relation to aforesaid case as follows:

That Francis M. Williams
Was A Sound Hurty young man
When Enlisted in U S Service
And Seen Soldier in the year 1865
Chronic Diarhae Was The Disability
That Said Soldier Was Suffering With
I think Said Disability ~~Has~~ Has
Disabled Said Soldier fully one
Half

State your source of information concerning Claimant.

I know these facts from personal Knowledge

I have no interest whatever in his claim, and am not related to claimant.

Alexander E. Wasson

Two Witnesses when signed by mark:

NOTE.
This should be sworn to before a Clerk of Court Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character hereon and not on a separate slip of paper unless said Justice or Notary already has a certificate on file in the Pension Office showing official capacity. If such be the case, he must say so in his Jurat.

Sworn to and subscribed before me this 29 day of April 1887.

at Hartsville in the County of Pope

State of Ill I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

William Moser
Notary Public

12

STATE OF ..... } ss.
COUNTY OF ..... }

I HEREBY CERTIFY that ..... before whom the foregoing affidavit was made, was at the execution thereof, a ..... in and for the County of ..... and State of ..... duly authorized to administer oaths, and that his signature thereto is genuine. His Commission was dated ..... 188 , and will expire ..... 188 .

..... (Official Signature.)

RECEIVED
JUN 6 1887
U.S. PATENT OFFICE

TESTIMONY.

IN THE CLAIM OF

.....

.....

For .....

No. .....

AFFIDAVIT OF

.....

.....

.....

.....

FILED BY

L. BINGHAM,
ATTORNEY AT LAW,
U. S. Claim & Patent Solicitor,
WASHINGTON, D. C.

NEIGHBORS AFFIDAVIT.

e of Illinois County of Pope ss:

In the matter of the claim of Francis M. Williams late a

Private in Company K of the 56 Regiment of Illinois Vols.

~~Whose~~ aged 42 years, a resident of Stoddard Co. Mo

Henry Hart aged 41 years, a resident of Pope Co. Ill

whose Post Office address is Hartsville, Pope Co. Illinois

who being duly sworn, declare in relation to aforesaid case as follows:

That he has lived in neighborhood with the Claimant Since the year 1854 up to the Date 1878 Knew him before he went into the War of 1861-5 and Knew him to be a Stout hearty young man also saw him after he Came home from the War and Knew him to be Suffering from the Diarhoea & for the first 2 years after he Came home from the War he was totally disable after that time he Could & Did perform a Manual labor

know these facts from being a Neighbor to the Claimant & Personally with him.

I have no interest whatever in his claim, and I am not related to claimant.

Henry Hart

Two Witnesses when signed by mark:

Sworn to and subscribed before me this 28 day of April 1887.

at Hartsville in the County of Pope

State of Illinois I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

William Moser

Notary Public

State your source of information concerning Claimant.

NOTE. This should be sworn to before a Clerk of Court Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character hereon and not on a separate slip of paper unless said Justice or Notary already has a certificate on file in the Pension Office showing official capacity. If such be the case, he must say so in his Jurat.

...se ...ear be- ...with ...ore his ...as he ...ee from ...disability. ...you first ...er his dis- ...nat disability ...ted him and ...physical con- ...was. To what ⅛, ¼, ½, ¾, ...s disability then ...ent him doing- ...ual labor, or inter- ...e with his usual oc- ...pation; what was his ...ccupation when you first knew him; and what it is now. In what respect has his disability increased with his age since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity, ⅛, ¼, ½, ¾, has he now for following his usual occupation. If his disease has been aggravated by intemperate or other bad habits, so state.

STATE OF Illinois }
COUNTY OF Pope } ss.

I HEREBY CERTIFY that William Mosier before whom the foregoing affidavit was made, was at the execution thereof, a Notary Public in and for the County of Pope and State of Illinois duly authorized to administer oaths, and that his signature thereto is genuine. His Commission was dated August 19th 1886 and will expire August 19th 1890.

Penn V. Donaldson
(Official Signature.)
County Clerk

TESTIMONY.

IN THE CLAIM OF

For

No.

AFFIDAVIT OF

FILED BY

L. BINGHAM,
ATTORNEY AT LAW,
U. S. Claim & Patent Solicitor,
WASHINGTON, D. C.

FOR OFFICER'S OR COMRADE'S TESTIMONY.

In the matter of the claim of Francis M Williams late a Private in Company K of the 36th Regiment of Ill Vol Infty in the war of 1861.

I, James B Floyd a resident of Golconda Illinois in the County of Pope State of Illinois late Musician of Company K of the 37th Regiment of Ill Infty Vol on oath, depose and say, that I was well acquainted with Francis M Williams that at the time of his enlistment, said Francis M Williams was a sound man especially from Diarrhoea and Fever and while in the military service of the United States, in the line of his duty, and without fault or improper conduct of his own, on or about the months day of June or July 1863. at or near Corinth Miss in the State of Miss The Claimant Contracted Diarrhoea and Fever while in said service on or about said time specified and that by reason of said disabilities the claimant was rendered unfit for the ordinary duties of a soldier and the affiant further says that he has been personally acquainted with the claimant since date of discharge to on or about the year 1879, at which time the claimant removed to Mo. and all of which time he was a constant sufferer with said disabilities not able to perform any manual labor

I know these facts from a personal knowledge of the facts and by being a comrade with the claimant and that I have no interest whatever in his claim, and am not related to claimant.

James B. Floyd

Two Witnesses when signed by mark:

Sworn to and subscribed before me this 4th day of May 1887 at Golconda in the County of Pope State of Illinois I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

Thos W. Throckmorton
Clerk of County Court
By T. Throckmorton D.C.

Please read these instructions before filling up your affidavit.

State time and place of disability, and if by wound in battle, state name of battle; if by accident, state the circumstances; and if by sickness, state the cause and nature of the disease, and when and where contracted.

State your source of information concerning Claimant.

NOTE. This should be sworn to before a Clerk of Court Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character hereon and not on a separate slip of paper unless said Justice or Notary already has a certificate on file in the Pension Office showing official capacity. If such be the case, he must say so in his Jurat.

14

STATE OF ..... } ss.
COUNTY OF ..... }

I HEREBY CERTIFY that ..... before whom the foregoing affidavit was made, was at the execution thereof, a ..... in and for the County of ..... and State of ..... duly authorized to administer oaths, and that his signature thereto is genuine. His Commission was dated ..... 188 , and will expire ..... 188 .

(Official Signature.)

TESTIMONY.

IN THE CLAIM OF

Francis Williams

Co "K" 56th Ill Inf

For Inv Pension

No. 600,765

RECEIVED
JUN 6 1887
TO ENTER

AFFIDAVIT OF

James Floyd,

Co K 56th Ill Inf.

FILED BY

L. BINGHAM,
ATTORNEY AT LAW,
U. S. Claim & Patent Solicitor,
WASHINGTON, D. C.

Anderson
May 3 87

State of Illinois } In the Matter of Pension No 58443.
Pope County } Claim of Francis M. Williams
of the 56 Illinois Inf. Vol. & Private Co. E.

Personally came before me a Notary Public in and for the County and State afore said James W. Dixon. age 46 years whos Postoffice is Hartsville Co. of Pope and state of Ills. who being duly Sworn declares in relation to the afore said case as follows That I have this day examened the above claiment as to his physical condition especialy the condition of his eyes

He is in my judgement Three fourths Blind because of the condition of his nerves especialy the Optic Nerves.

I think its Posible that this condition has been caused by the Diseases for which he has been drawing a persion Towit Rheumatism and Chronic Diarrah.

I recomend that he be amediately ordered before an examening Board.

PENSION OFFICE U.S. JUL 20 1905

I further state that I have no interest in the Prosicution of this claim and that I have been a Legal practising physician for 18 years

James W. Dixon M.D.

Subscribed and Sworne to before me this 24" day of June A.D. 1905 and I hereby certify that affiant is reputable and intitled to credit and farther certify that I have no Interest directly or Indirectly in the Prosecution of this claim

John B. Hark
Notary Public
Hartsville Ills,

JOHN B. HARK
NOTARY PUBLIC
HARTSVILLE, POPE COUNTY

Post office of Claimant
Blanchard P.O. Pope Co
Ills,

PENSION
U. S.
JUL
20
1905
OFFICE.

LAW DIVISION
JUL 21 1905
RECEIVED

(3–230.)

INVALID. (Series ( ))

Cert. No. 584391

Name, Francis M. Williams

Rank, Pvt.; Service, Co. K, 6th Kans. Inf.

Agency. { Original Roll: Topeka
Transf'd ..., 18..., to
" ..., 18..., to

1st Issue. Class ... Entered ...

Issued May 23", 1891.
Mailed Jun 13 1891
Rate and Period, $4., from Mch. 7", 1887.

V

Deductions:

Disability: Chr. diarrhoea & disease of rectum.

2d Issue. Class Reis. & Inc. Entered Dec 10

Issued Feb. 11, 1893
Mailed 11-25 1893
Rate and Period, $6., from Apr. 10, 1889
Mch " 10. " Dec. 9, 1892

V

Deductions:

Disability: Chr. diarrhoea & res. dis. of rectum & rheumatism & res. dis. of heart.

Issue. Class ... Entered ...

Issued ..., 18
Mailed ..., 18
Rate and Period, $..., from ..., 18

Deductions:

Disability:

Issue. Class ... Entered ...

Issued ..., 18
Mailed ..., 18
Rate and Period, $..., from ..., 18

Deductions:

Disability:

INDORSEMENTS.

May 28/94 atty Bailey — claim adjusted. McKernan

Sept. 27, 1901
Clerk Bd. Trustees to
act as Exr. Ind.

Order 596–55M.

(3-730.)

6913

INVALID. (Series)

Cert. No. 584391

Name, Francis M. Williams

Rank, Pvt.; Service, Co. K, 56 Ill. Vol. Inf.

Agency. { Original Roll: Topeka
Transf'd , 1 , to
" , 1 , to

Issue. 3 Class. Gen'l. Fee, $ 2 Entered

Issued Oct. 9, 1905
Mailed " 14, 1905
Rate and Period, $ 17, from Sept. 6, 1905

DEAD.

Deductions: Chr. diarrhoea & resulting disease of rectum, and
Disability: rheumatism & resulting disease of heart.

Issue. Class. Fee, $ Entered

Issued , 1
Mailed , 1
Rate and Period, $, from , 1

Deductions:
Disability:

(1038-25,000)

Issue. Class. Fee, $ Entered

Issued , 1
Mailed , 1
Rate and Period, $, from , 1

Deductions:
Disability:

Issue. Class. Fee, $ Entered

Issued , 1
Mailed , 1
Rate and Period, $, from , 1

DROPPED
Apr 9 1909
Auditor advised of Death
APR 21 1909 N.M.H.

Deductions:
Disability:

INDORSEMENTS.

No. 83, 5-89.

History of Claimant's Disability.

State of Missouri, County of Stoddard, ss:

In the matter of the original invalid pension claim No. 600 765 of Francis M. Williams Co. K., 56 Regt. Ill. Inft.

ON THIS 15th day of November A. D. one thousand eight hundred and eighty-nine personally appeared before me, a N. Notary Public in and for the aforesaid County, duly authorized to administer oaths. Francis M. Williams aged 45 years, a resident of near Puxico in the County of Stoddard and State of Missouri well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: My Post Office address is Puxico Stodd-
(Give present address in full.)
ard County Missouri

Since my discharge from said service on the 19th day of September 1862; I have resided in in Pope County in the State of Illinois until
(Give the name of each place with date of any change of residence.)
the Spring of 1878, when I moved to Stoddard County Missouri where I have lived to the present time

and that my occupation has been that of a Farmer

I further state that the disability for which a pension is claimed arises from Malarial Fever Chr. Diar-
which ~~was contracted~~
rhoea. Throat Disease, Disease of Heart, Stomach and Rectum and Rheumatism which more contracted, Ills. I contracted Malarial Fever, & Chronic Diarhoea at Clear
(Here state time, place and all the circumstances under which the disability for which pension is claimed originated.)
creek Mississippi and also the Rheumatism at the above place and also throat Disease and the result while in the Hospital No. 4 & No. 8 Evansville Indiana, which are the results of the Disease of Stomach & Piles are the results Diarhoea. Heart Disease & Rheumatism

From my said discharge to present time, I have received the following medical treatment for said disease:
(Give the name
I was treated by Drs. Blanchard & Manson
and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.)
both of Hardville Illinois from discharge to 1878 when I moved to Stoddard County Missouri and since I have lived in the last named place I have used Patents medicines and Botanic Remedies -

3

And during all of the said time my physical condition and ability to perform manual labor has been as follows; I have been fully two thirds disabled from performing manual labor by reason of the above

(State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what period or periods, giving dates as nearly as possible, you have been prevented from following your usual occupation.)

Forrest M. Williams
(Signature of Claimant.)

(Two witnesses who can write, sign here.)

STATE OF Missouri, COUNTY OF Stoddard, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words erased, and the words added and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that is a credible person.

my term of office expires June 1st 1901

Wm R Kitchen
(Official Signature.)

[L. S.] Notary Public
(Official Character.)

I, Clerk of the County Court in and for aforesaid County and State, do certify that , Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of , 18 .

[L. S.] Clerk of the

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

History of Claimant's Disability.

No. 604 765

CLAIM OF

Forrest M. Williams

Co K 56 Mo Inft

Vol

FOR

Original Invalid

FILED BY

P. G. Gorton
Atty

PENSION BUREAU

Printed and for sale by J. F. Sheiry, Claim Blank Printer, 623 D Street, Washington, D. C.

Inv No. 600765

NAME OF CLAIMANT,

Francis M. Williams

NAME OF SOLDIER,

Francis M. Williams

Co. K 56th Reg't Ill Vol Infy

(11165—50 M.) o 6—190

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original Pension Claim No. 600.965

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Frances M Williams, Rank, Private

Company K, 56 Reg't Ills. Vols. | Poplar Bluff Mo. State,

Claimant's post-office address.

Pinico Miss. | [Post-office address of the Board.] Dec. 31st. [Date of examination.], 1890.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Chronic diarrhoea & rheumatism.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of ~~———~~ dollars per month.

He makes the following statement upon which he bases his claim for original [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Contracted chronic diarrhoea and rheumatism at Pine Ridge Miss in 1862. Has occasional attacks ever since. I am weak and easily exhausted. Can do but little manual labor.

Upon examination we find the following objective conditions: Pulse rate, 85; respiration, 18; temperature, 98.6; height, 5 feet 10 inches; weight, 140 pounds; age, 46 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Return in a state of chronic inflammation, with engorged hemorrhoidal vessels, but no ulcers or hemorrhoids. Liver and spleen normal; tongue coated with a brownish fur. Skin normal. Heart normal. No evidence of rheumatism. No other disabilities found.

Rate for *EACH* cause of disability.

I. He is, in our opinion, entitled to a 4/18 rating for the disability caused by Chronic diarrhoea for that caused by ———, and ——— for that caused by ———

J E Woodard, Pres. Geo K Sams, Sec'y. A N Davidson, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(632—150 M.) 6—552

21

Inv. Orig. 600,765, B

SURGEON'S CERTIFICATE

IN CASE OF

Francis M Williams

Co. K, 55 Reg't Ills. Vols.

Applicant for original

No. 600765

DATE OF EXAMINATION:

Dec. 31st., 1890.

H E Gladson, *Pres.*,
Hall Sanders, *Sec'y*,
A M Davidson, ~~*Treas.*~~, } BOARD.

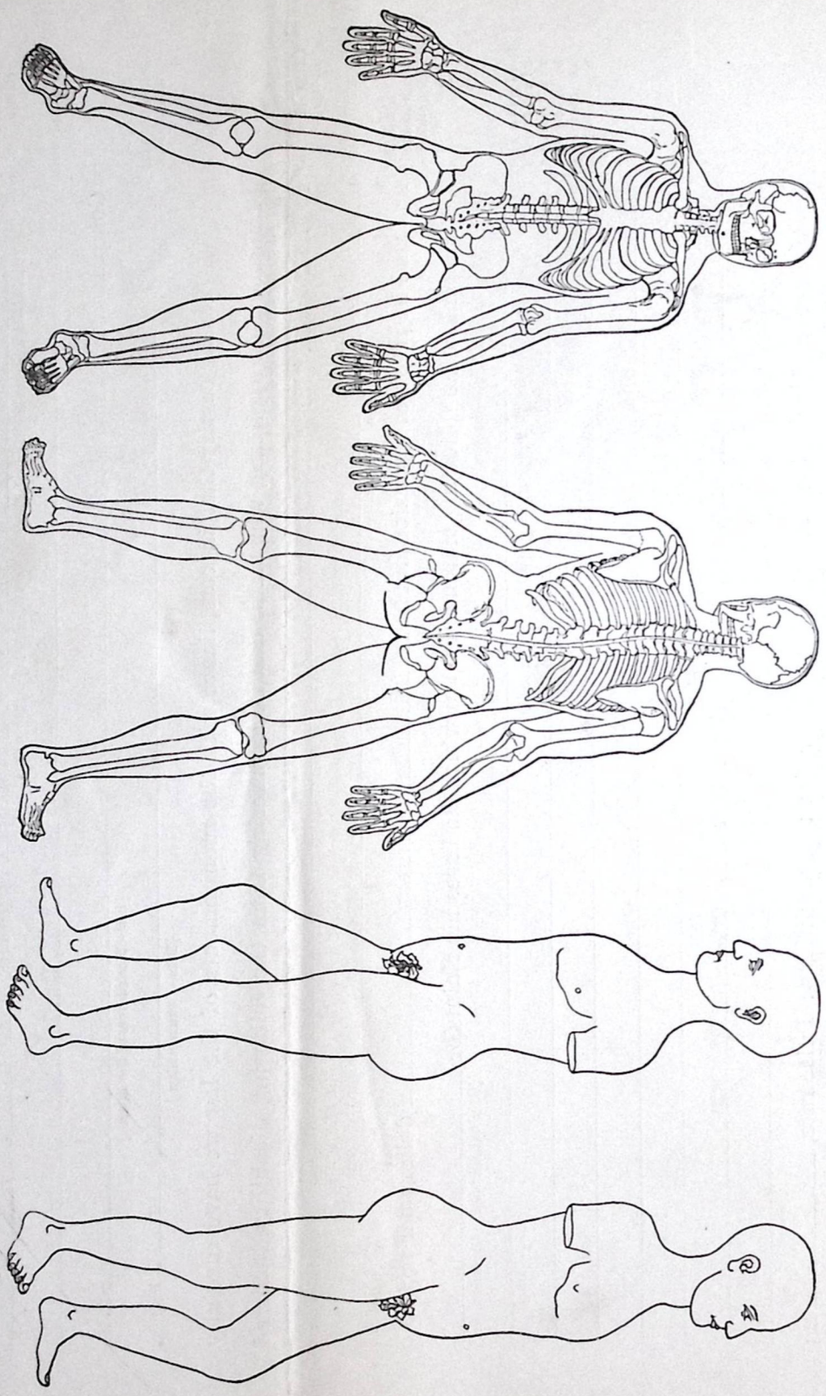
Post office, Poplar Bluff

County, Butler

State, Missouri

P. S.—Write your Post-office address plainly and in full.

B,



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board," where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

Continue record of examination here.

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase Pension Claim No. Ctf. 584,391.
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Francis M. Williams, Rank, Private

Company K, 56 Reg't Ill. Infft. | Marble Hill Mo. State,
[Post-office address of the Board.]

Claimant's post-office address.

Puxico Mo | December 9" , 1891.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Chronic Diarhoea & Resulting disease of Bowels, Throat and Stomach, Rheumatism and Resulting disease of Heart.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Four dollars per month.

He makes the following statement upon which he bases his claim for Increase
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

That his Disabilities have increased since last examined.

Upon examination we find the following objective conditions: Pulse rate, 74; respiration, 18; temperature, 99 3/4; height, 5' feet 10 inches; weight, 138 pounds; age, 47 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Chronic Diarhoea: Has diarhoea 3 times a Day Alternating with Constipation. Emaciated not debilitated, Skin dry and shaky, Tongue coated and fissured, Throat inflamed, Stomach swollen & Tender on pressure, Liver enlarged, Spleen normal Intestines Tympanitic.

Rectum: Two inside Tumors 3/4 inches in Diameter, very sensitive not bleeding; Hemorrhoidal Veins engorged.

Rheumatism: Scapezius Muscles, tendons and Muscles of Shoulders & Elbow joints, Erector Spine Muscles, Tendons & Muscles of hip joints, Inner & outer Hamstring Tendons of both Knees, Tendons of Ankle joints and toes are all Contracted, no joints swollen, joints affected are limited in Motion.

Chest measure: at Rest 34, Insp 35, Exsp 33 inches

Lungs: Normal.

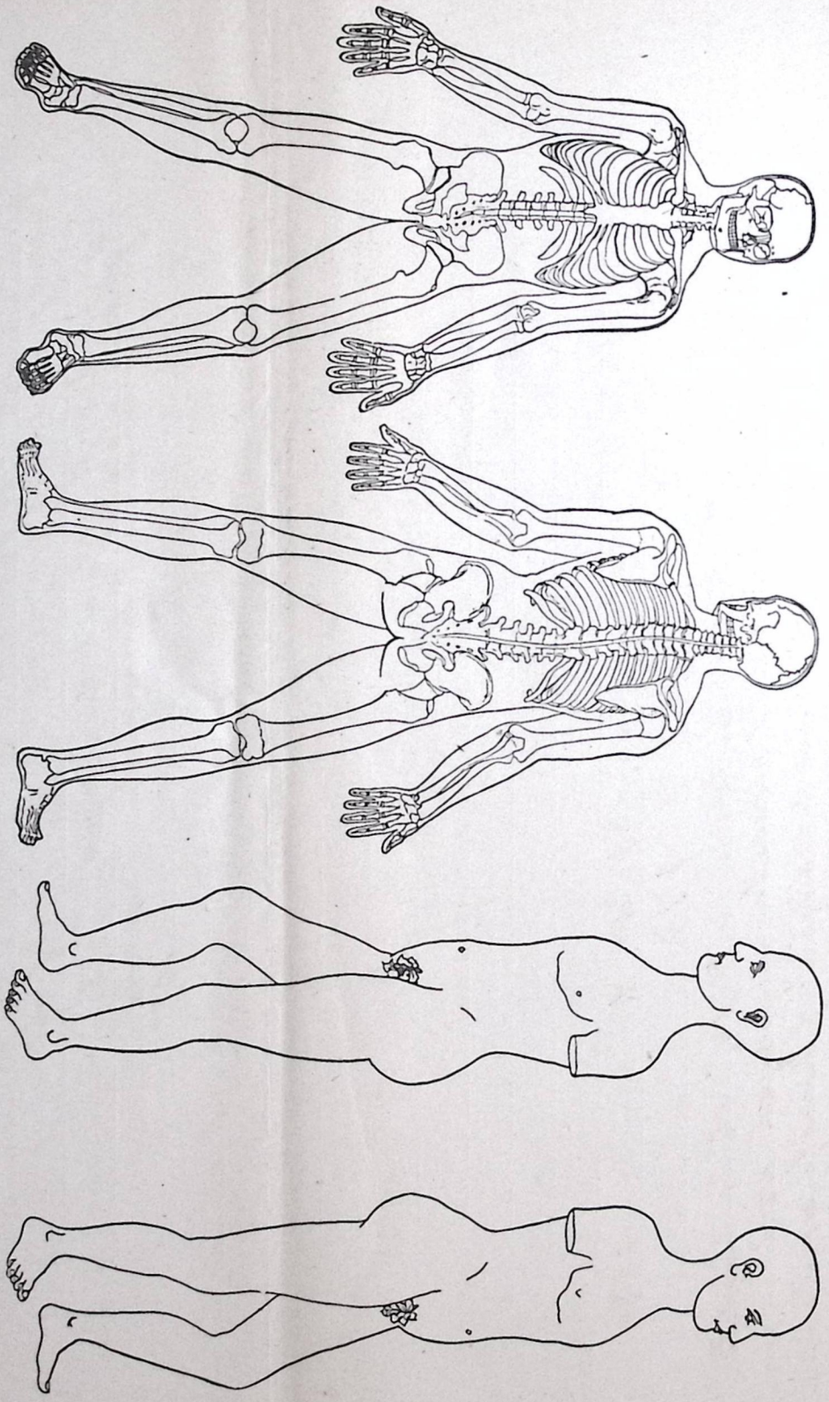
Heart: Apex beat one inche to left of normal, easy discernable, Sounds both Loud & forceable, Rhythm regular, Dullness 4 x 4 inches, No Murmurs. Hypertrophy of both Ventricles, Pulse rate standing 95, after Exercise 120.

Rate for *EACH* cause of disability.

No other Disability found. He is, in our opinion, entitled to a 6/8 rating for the disability caused by Chronic Diarhoea & Bowels, 4/8 for that caused by Rheumatism, and 2/4 for that caused by Disease Heart.

J. K. O'Kelley, Pres. August Sander, Sec'y. J. L. Lashley, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board," where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

PENSION OFFICE
DEC 12 1894

Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

Francis M. Williams

Co. H, 56 Reg't 2d. Infl.

Applicant for Increase

No. Cff. 584,391

DATE OF EXAMINATION:

December 9th, 189/.

J. K. O'Kelley, Pres.,
August Sanders, Sec'y,
J. B. Coubbage, Treas., } BOARD.

Post office, Marble Hill

County, Bollinger

State, Mo

P. S.—Write your Post-office address plainly and in full.

3—155.
(Old No. 3—111.)

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 584 391

Name of claimant. Francis M. Williams

[Rank.] Private Company K 55th Reg't Ills Inf

Claimant's post-office address. Pupico Stoddard Co Mo

Address of Board. Poplar Bluff P. O. Mo State.

April 10, 1901 [Date of examination.]

Cause of disability. Chronic diarhoea and disease rectum Rheumatism & res. dis. of heart bronchitis and disease of stomach

. He receives a pension of 10.00 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, etc.]

I have res. chronic diarhoea disease of rectum stomach heart bronchitis

---

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 76 78 115, respiration, 34 36 45, temperature, 98 1/2, [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 8 1/2 inches; actual weight, 142 pounds; age, 56 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Rectum one small ulcer on posterior wall 1/8 inch in diameter bleeding walls congested and vessels engorged no tumors or aversion. No tympinitic condition of bowels or stomach tongue is pale and coated a brownish coat. Skin is in good healthy condition. Chest at rest 36 full Exp. 33 full Insp 35 abd. 32 1/2. Area of apex impulse plainly seen and felt 1 1/2 inches under left nipple 2 inches in diameter No organic lesion but slight anemic murmurs heard over apex No hypertrophia or dilatation Cyanosis or but slight dyspnoea There is increased resonance of large bronchial tubes with slight mucous rales due to winter cough. Throat is generally catarrhal not swollen. Stomach at present time there is no disease. Increase in pulse rate is due after exercise to anemia. Rheumatism There is no enlargement of joints or tendons contracted or atrophia of muscles. There is no limitation of motion but there is great crepitation of tunics as you can hear them crack 10 feet away. No other disabilities found to exist no evidence of vicious habits

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits, the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Rating Chronic diarhoea & disease of rectum 14/18 Lungs & bronchitis 10/18 Heart 2/18 Disease stomach is nothing more than digestive disturbance at times and rating is included in disease of rectum. Rheumatism 5/18 Liver is slightly enlarged also spleen.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

W. A. Kendall, Pres. Ira W. Seybold, Sec'y. A. W. Davis, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 *g*) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

U WESTERN S
MAY 10 1901
P DIVISION

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. W. A. Kendall, Dr. Ira N. Seybold, and Dr. Ed Davidson, were personally present and actually participated in the examination of Francis M. Williams, the claimant in this case, on 10 day of April, 1901."

(*Signature.*) Ira N. Seybold Sec'y

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. ..... and Dr. ....., the examining surgeons here present (waiving examination by full board), on this ..... day of ....., 190 ."

(*Signature.*) .....

U. S. PENSION OFFICE. APR 20 1901

SURGEON'S CERTIFICATE

IN CASE OF

Francis M. Williams

Co. K, 52 Reg't Ills. Inf.

APPLICANT FOR Increase

No. 378491

DATE OF EXAMINATION:

April 10, 1901

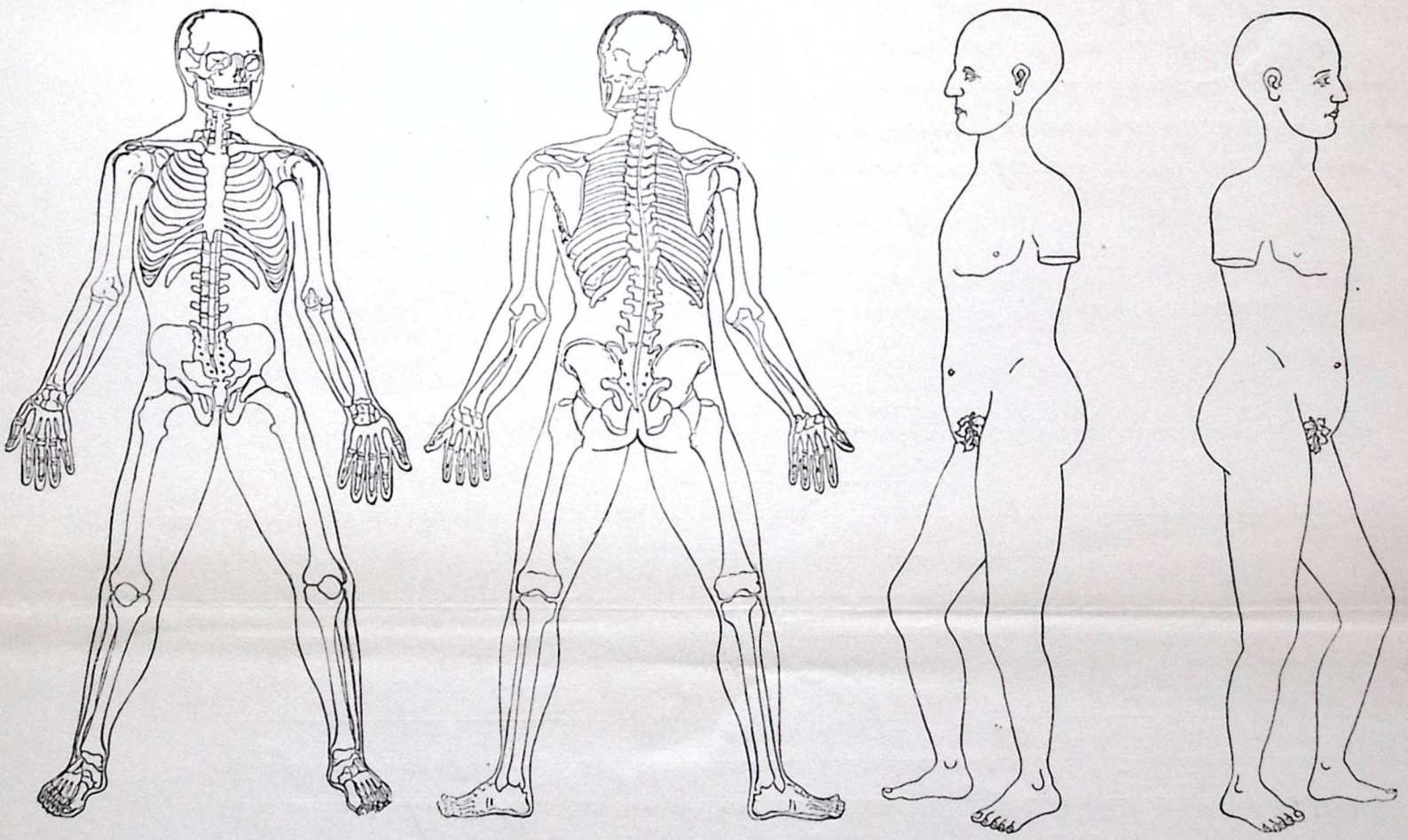
W. A. Kendall, *Pres.*,
Ira N. Seybold, *Sec'y*,
Ed Davidson, *Treas.*,
BOARD.

Post office, Poplar Bluff

County, Butler

State, Mo.

P. S.—Write your Post-office address plainly and in full.



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"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]